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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08337** (0)

1. Corporation Name

DELRAY BEACH PRIMITIVE BAPTIST CHURCH

Principal Place of Business

Mailing Address

**1717 NE 2ND AVE.
DELRAY BEACH FL 33444
US**

**235 NE 10TH STREET
DELRAY BEACH FL 33444
US**

3. Date Incorporated or Qualified

03/25/1985

4. FEI Number

59-2153716

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, MALCOLM
1201 N SWINTON AVE
DELRAY BEACH FL 33444**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **CHAPMAN, LELIUS H**
CITY-ST-ZIP **235 NE 10TH ST
DELRAY BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **CHAPMAN, JAMES F**
CITY-ST-ZIP **644 SW 7 ST
DELRAY BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCMURRIAN, ESTHER**
CITY-ST-ZIP **227 DIXIE BLVD
DELRAY BCH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **PARSONS, WILLIAM E**
CITY-ST-ZIP **1303 NE 2ND AVE
DELRAY BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **O Parsons, Virginia**
4.3 STREET ADDRESS **1303 NE 2 AV**
4.4 CITY-ST-ZIP **Delray Fl 33444**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHAPMAN, MALCOM**
CITY-ST-ZIP **1201 N SWINTON AVE
DELRAY BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Malcolm Chapman** **Malcolm Chapman** **4-7-98 561-276-0721**

CR2E037 (10/97)