


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19710		(5)	
1. Corporation Name LANDMARK BIBLE CHURCH OF DELAND, INC.			



Principal Place of Business	Mailing Address
1520 E. VOORHIS AVENUE DELAND FL 32724	1520 E. VOORHIS AVENUE DELAND FL 32724

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/17/1987
4. FEI Number	59-3182946
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
WINN, ARTHUR E. 2278 BANANA ST GLENWOOD FL 32722	

10. Name and Address of New Registered Agent	
81 Name	PETER C. TRIOLO JR
82 Street Address (P.O. Box Number is Not Acceptable)	2468 OLEANDER RD
83	
84 City	DELAND
85 Zip Code	FL 32724

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 *Peter C. Triolo Jr.* PETER C. TRIOLO JR. Elder/Pastor 2-1-98
Signature, name and title of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D HOWE, MERRELL <input checked="" type="checkbox"/> DELETE
NAME	1872 E MINNESOTA AVENUE
STREET ADDRESS	DELAND FL
CITY-ST-ZIP	
TITLE	D SLAGLE, ROBERT E. <input type="checkbox"/> DELETE
NAME	435 WEST CHURCH ST.
STREET ADDRESS	DELAND FL
CITY-ST-ZIP	
TITLE	D WINN, ARTHUR <input checked="" type="checkbox"/> DELETE
NAME	2278 BANANA STREET
STREET ADDRESS	GLENWOOD FL
CITY-ST-ZIP	
TITLE	D TRIOLO, PETER C., JR., REV. <input type="checkbox"/> DELETE
NAME	2468 OLEANDER RD.
STREET ADDRESS	DELAND FL 32424
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D WALTER W. KOPLIN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1812 TALMADGE ST
1.3 STREET ADDRESS	DELAND FL 32724
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peter C. Triolo Jr.* 2-1-98 904736-6868

CR2E037 (10/97)