

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90054 016 \*\*\*\*61.25

DOCUMENT # **N19749**

Corporation Name  
**WEST LAUDERDALE BAPTIST CHURCH, INC.**

Place of Business Mailing Address  
**JAMES A. COX**  
**DAVIE BLVD**  
**LAUDERDALE FL 33312**  
**610 E. SCOTT GOLDEN ESO**  
**644 SE 4TH AVE**  
**FT. LAUDERDALE FL 33301**  
**US**



Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 26. 3601 Davie Blvd. Suite, Apt. #, etc. 27. City & State 28. Ft. Lauderdale, FL Zip 25. Country 29. 33312 30. Broward	3. Date Incorporated or Qualified 03/19/1987 4. FEI Number 59-1035669 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
---	---	---

9. Name and Address of Current Registered Agent <b>SCOTT GOLDEN, ESO</b> <b>SE 4TH AVE</b> <b>LAUDERDALE FL 33301</b>	10. Name and Address of New Registered Agent 81. Name <b>JAMES A. COX</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>3601 DAVIE BLVD.</b> 83. 84. City <b>FT. LAUDERDALE</b> <b>FL</b> 85. Zip Code <b>33312</b>
--	---

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.

**James A. Cox, Pastor**

**February 2nd, 1999**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE <b>WILLIAMS, THEODORE</b> <b>3601 DAVIE BLVD</b> <b>FT LAUDERDALE FL</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Tr <b>Mary Jordan</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE <b>E. SCOTT GOLDEN</b> <b>644 SE 4TH AVE</b> <b>FT LAUDERDALE FL</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Tr <b>Jan Abrahams</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE <b>TD</b> <b>VANDENHOUTEN, JOSEPH L</b> <b>3601 DAVIE BLVD</b> <b>FT LAUDERDALE FL</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Tr <b>Gus Alban</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Tr <b>Grace Ann Brown</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tr <b>Michael Daley</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Tr <b>Clement Williams</b> <b>3601 Davie Blvd.</b> <b>Ft. Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I 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 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, with all other like empowered.

SIGNATURE: **JAMES A. COX, Pastor** 02/02/99 (954) 791-8210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)