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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N24591

1. Corporation Name

GULF STREAM BAPTIST FOUNDATION, INC.

Principal Place of Business

20 NW 46 AVE  
PLANTATION FL 33317  
US

Mailing Address

20 NW 46 AVE  
PLANTATION FL 33317  
US

410719 - 90030 - 48



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

01/29/1988

4. FEI Number

65-0197651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HINDS, WILLIAM L. (REV.)  
20 NW 46TH AVENUE  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name John W. Fleming  
82 Street Address (P.O. Box Number is Not Acceptable)  
20 NW 46 Avenue  
83  
84 City Plantation FL 85 Zip Code 33317

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 of 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

TITLE D  
NAME PIPKIN, TOMMY  
STREET ADDRESS 2600 NW 112 AVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D  
NAME HAMILTON, DAVID  
STREET ADDRESS 20 NW 46TH AVE  
CITY-ST-ZIP PLANTATION FL

TITLE D  
NAME HINDS, WILLIAM L.  
STREET ADDRESS 7541 S.W. 26TH CT.  
CITY-ST-ZIP DAVIE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME  
1.3 STREET ADDRESS 20 NW 46 Avenue  
1.4 CITY-ST-ZIP Plantation, FL 33317

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 954-583-0338

Date

Daytime Phone #

CR2E037 (1/98)