

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44195** (8)

1. Corporation Name

NEW RESURRECTION INSTITUTIONAL BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**565 S. BARFIELD HWY
PAHOKEE FL 33476
US**

**565 S. BARFIELD HWY
PAHOKEE FL 33476
US**



3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **SAME**
Suite, Apt. #, etc.

26 **SAME**
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Cntry

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAIGE, GRAF
565 S BARFIELD HWY.
PAHOKEE FL 33476**

81 Name

REV. OSCAR W. WEST JR.

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

763 PALM BLVD.

83

PAHOKEE, FLA.

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
NAME **WEST, REV. OSCAR W, JR.**
STREET ADDRESS **763 PALM BLVD.**
CITY-ST-ZIP **PAHOKEE FL**

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP

SAME

TITLE **DS**
NAME **FROST, GERALDINE**
STREET ADDRESS **763 PALM BLVD.**
CITY-ST-ZIP **PAHOKEE FL**

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

SAME

TITLE **DV**
NAME **MCCULLOUGH, MARELLE**
STREET ADDRESS **709 PADGETT CR.**
CITY-ST-ZIP **PAHOKEE FL**

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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:

OSCAR WEST JR. PRESIDENT 305 625 5888

CR2E037 (10/97)