

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # **N46494** (3)
1. Corporation Name
FIRST BAPTIST CHURCH OF WEST CORAL SPRINGS, INC.

Principal Place of Business 1901 CORAL RIDGE DR CORAL SPRINGS FL 33071	Mailing Address 1901 CORAL RIDGE DR CORAL SPRINGS FL 33071
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/16/1991	
4. FEI Number 65-0299652	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITLATCH, JAMES DR 1901 CORAL RIDGE DR CORAL SPRINGS FL 33071	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	(PRESIDENT) T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDY, ED	1.2 NAME	MR. JOHN MACHADO
STREET ADDRESS	1961 CORAL RIDGE DR	1.3 STREET ADDRESS	2725 SW 180 AVE
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(VICE PRESIDENT) T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, ED	2.2 NAME	MR. TIM MCCLURG
STREET ADDRESS	6819 SKIPPER TERR	2.3 STREET ADDRESS	12388 W. SAMPLE RD
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	(SECRETARY) T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, ROLAND	3.2 NAME	MR. RODNEY HYLTON
STREET ADDRESS	11523 NW 35 STREET	3.3 STREET ADDRESS	11851 NW 31 PL
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	(TRUSTEE) T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAM, MARK	4.2 NAME	MR. KEN SEEGER
STREET ADDRESS	2911 N.W. 106 AVE	4.3 STREET ADDRESS	2943 NW 68 AVE
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	(TRUSTEE) T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	LUIS RAMOS
STREET ADDRESS		5.3 STREET ADDRESS	6600 NW 20 ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **James H. Whitlatch** 1-7-98 954-345-6555

CR2E037 (10/97)