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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90184 033 ****61.25

DOCUMENT # **N49250**

1. Corporation Name

FIRST BAPTIST CHURCH OF COCONUT CREEK, INC.

Principal Place of Business

Mailing Address

4161 W. HILLSBORO BLVD. COCONUT CREEK FL 33073 4161 W. HILLSBORO BLVD. COCONUT CREEK FL 33073

Principal Place of Business Za. Mailing Address					3. Date incorporated or Qu 06/05/1992	alifed	<u>-</u>		
1	ш	26 Suite A	Apt. #, etc.			4. FEI Number		Δn	plied For
Suite, Apt.	#, etc.	<u> </u>	ңрі. ж, е іс.			65-0336690		ļ -	t Applicable
2] _ City & Sta	te	27 City & S	State	<u>.</u>			ired 🗆	\$8.75 A	dditional
Zip	Country	Zip		Country		6. Election Campaign Final	ncing	\$5.00	May Be
4	25	29	30	5		Trust Fund Contribution		Added t	o Fees
·	9. Name and Address of Curre	ent Registered Ag	gent			10. Name and Address of	New Registered	d Agent	
	· · · · · · · · · · · · · · · · · · ·			81	Name		•		
LARA, LOUIS 3000 W. CYPRESS CREEK RD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83 .					
ft. Laud	ERDALE FL 33309			83	·			5	
				127				85 Zip (`ode
				84	City			85 Zip (2000
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508,	, Florida Statutes,	the show		oration submits this statement f	for the purpose of	f changing its	registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	te of Florida. Such gations of, Section	change was autho 617.0503, Florida	the above lorized by a Statutes	e-named corporation	on's board of directors. Thereby	for the numose o	f changing its	registered
office or agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig	te of Florida. Such gations of, Section gent and title if applicable	change was auth 617.0503, Florida (NOTE: Re	the above lorized by a Statutes	e-named corporation	on's board of directors. Thereby	for the purpose of accept the appointment	of changing its pointment as re	registered gistered
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office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A DP SMITH, JAMES 5532 N.W. 41ST AVE	te of Florida. Such gations of, Section gent and title if applicable	change was authorida 617.0503, Florida	the above porized by a Statutes 13. 1.1-TITLE 1.2 NAME 1.3 STREET	e-named corporation to signature requires	d when reinstating)	for the purpose of accept the appointment	of changing its changing its changing its continuent as re-	registered gistered
office or agent. I a SIGNATURE 12. IIILE VAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A DP SMITH, JAMES 5532 N.W. 41ST AVE COCONUT CREEK FL	te of Florida. Such gations of, Section gent and title if applicable	change was authorida 617.0503, Florida	the above orized by a Statutes gistered Ager 13. 1.1 TITLE 1.2 NAME	e-named corporation to signature requires	d when reinstating)	for the purpose of accept the appointment	of changing its changing its changing its continuent as re-	registered gistered
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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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Change

☐ Addition

Addition