NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300000294 (9) 1. Corporation Name

EAST FLORIDA PRIMITIVE BAPTIST CHURCHES, INC.

Principal Place of Business	• · · · · · · · · · · · · · · · · · · ·	
FORT PIERCE FL 34948 FORT PIERCE FL 34948 FORT PIERCE FL 34948 S. Date incorporated to Qualified Date of Load Report 10/18/1995 2. Proceed Piece of Business Suth April 4, etc. 2. Suth April 4, etc. 3. Suth April 4, e	Principal Place of Business Mailing Address	- I 18011180 858 18880 Eitte 8031 00113 00111 00111 00111 00110 10110 10111 0111 1011
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Suita, Apt #, etc. Suita,		
Suite Apt #, etc. Suit		
City & State P. C.	Suite, Apt. #, etc. Suite, Apt. #, etc.	1.5 Cortificate of Status Desired 1.1
2p		
Addition Port Por		
HENDLEY, CHARLES L 1107 DELAWARE AVENUE FORT PIERCE FL 34950 11. Pursuant to the provisions of Sections 617 DSC2 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change make submitted by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change make submitted by the corporation's board of directors. Thereby accept the apportment as registered agent. I am purpose of changing its registered agent. In a purpose of changing its registe	Zip Country Zip Country	
HENDLEY, CHARLES L 1107 DELAWARE AVENUE FORT PIERCE FL 34950 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		A
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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered disjoint on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered disjoint on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered disjoint on the provisions of Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12.		
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 was authorized by the comporation's board of directors. I hereby accept the appointment as registered disjoint of the obligations of, Section 617.0503, Florida Statutes, SIGNATURE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered disjoint on the provision of the obligations of, Section 617.0503, Florida Statutes, SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HENDLEY, ROBERT JR 12. MARE 12. MARE 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HENDLEY, ROBERT JR 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition Addition ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SO CHESTER, JAMES 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 BATTLE ADDRESS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 BATTLE ADDRESS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTO	HENDLEY, CHARLES L 82 Street Add	ress (P.O. Box Number is Not Acceptable)
### City ### ### City ### ### City ### City ### ### City ### City ### City ### ### City	1107 DELAWARE AVENUE	
TI. 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 agent. I am or registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Piorida Statutes. SIGNATURE Signature, typed or prized range of impostered typic and time if applicable. NOTE Pegatered Agent signature required wher restating! DATE Addition HILLE DO Change Addition Addition DELETE 21 TITLE DO Change Addition DELETE 11 TITLE DO Change Addition DATE D	FORT PIERCE FL 34950 83	
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. Terminary with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE 12	84 City	FL 85 Zip Code
Signature, hyped or pretent agent of registered agent and thin if applicable. NOTE Forgistered when rest stating SATE	for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boar	ration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am
12.	SIGNATURE	DATE
NUTLE		
NAME	12.	
1380 WEST 30TH STREET		
TITLE	ARAB METOT ACTU ATREET	
NAME CHESTER, JAMES 22 NAME	CITY-ST-ZIP RIVIERA BEACH FL 1.4 CITY-ST-ZIP	
1730 ECHO LAKE DR. 23 STREET ADDRESS 24 CITY-ST-ZIP WEST PALM BEACH FL 24 CITY-ST-ZIP		☐ Change ☐ Addition
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NAME MARTIN, WENDELL 62 NAME 63 STREET ADDRESS 1598 NE 21ST TERRACE 63 STREET ADDRESS	TITLE VD DELETE 51 TITLE NAME HOBBS, L. V 52 NAME STREET ADDRESS 950 NW 33RD DR. 53 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 54 CITY-ST-ZIP TITLE SD DELETE 61 TITLE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON CIRECTOR

5/12/96 361-461-4840

10/05/10/06