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Mar 05, 1999 8:00 am
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03-05-1999 90068 009 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000000294

1. Corporation Name

EAST FLORIDA PRIMITIVE BAPTIST CHURCHES, INC.

Principal Place of Business

Mailing Address

3950 JUANITA AVE.
FORT PIERCE FL 34950
US

P.O BOX 819
FT PIERCE FL 34954
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/19/1993

22 City & State

27 City & State

4. FEI Number
65-0387054

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDLEY, CHARLES L
2201 SAN DIEGO AVE
FORT PIERCE FL 34446

81 Name

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

83

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 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 PD
NAME HENDLEY, ROBERT JR
STREET ADDRESS 1380 WEST 30TH STREET
CITY-ST-ZIP RIVIERA BEACH FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME CHESTER, JAMES
STREET ADDRESS 1730 ECHO LAKE DR.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME MCCARTY, MITCHELL
STREET ADDRESS 2102 AVENUE O
CITY-ST-ZIP FORT PIERCE FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME JONES, PAYTON
STREET ADDRESS 1054 REVILLA LANE
CITY-ST-ZIP ROCKLEDGE FL

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME HOBBS, L. V
STREET ADDRESS 950 NW 33RD DR.
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME MARTIN, WENDELL
STREET ADDRESS 1598 NE 21ST TERRACE
CITY-ST-ZIP JENSEN BEACH FL

☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)