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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90087 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000494

1. Corporation Name

BAPTIST CHRISTIAN ASSEMBLY & MISSION OUTREACH IN C.

161689-90087-26

Principal Place of Business

1160 SW 30 AVE
 FORT LAUDERDALE FL 33312
 US

Mailing Address

1817 NW 15TH ST
 FORT LAUDERDALE FL 33311
 US



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/02/1994
22	City & State	27	City & State	4	4. FEI Number
	Zip	28	Zip		65-0457385
23	Country	29	Country		Applied For
		30			Not Applicable
24	25	29	30	5	5. Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
				6	6. Election Campaign Financing
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DESIR, ESTANGEL
 1817 N.W. 15 ST.
 FORT LAUDERDALE FL 33311

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

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR, ESTANGEL	1.2 NAME	
STREET ADDRESS	1817 NW 15TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHURIN, DENISE	2.2 NAME	
STREET ADDRESS	620 ARIZONA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILSAINT, JOSUE	3.2 NAME	DELICA FINEUS
STREET ADDRESS	1637 NW 11 AVE	3.3 STREET ADDRESS	1421 S.W. 38 AVE # 1
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort-Laud Fla 33312
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JNCLAUDE, WILFRID C	4.2 NAME	
STREET ADDRESS	1064 CAROLINA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHINEUS, JESULA D	5.2 NAME	
STREET ADDRESS	3333 SW 15TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 (24) 587-8767
 Date Daytime Phone #

CR2E037 (1/98)