FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003960 (1)

WEST BOYNTON BAPTIST CHURCH, INC.

202 S.E. 8TH ST 202 S.E. 8TH ST. 3. Date Incorporated or Qualified DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 08/08/1994 4. FEI Number 6.5 Applied For APPLIED FOR Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENOIT, WALTER 82 Street Address (P.O. Box Number is Not Acceptable) 202 S.E. 8TH STREET 83 **DELRAY BEACH FL 33483** 84 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 DELETÉ Change Addition TITLE 1.1 TITLE NAME MONDESIR, DUFANAL 1.2 NAME STREET ADDRESS 202 S.E. 8TH ST. 1.3 STREET ADDRESS **DE**LRAY BEACH FL 33483 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TOLE TITLE **SAGEESE, CHARITE** NAME 2.2 NAME **2**02 S.E. 8TH ST. STREET ADDRESS 2.3 STREET ADDRESS ELRAY BEACH FL 33483 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition . TITLE 3.1 TITLE **BENOIT. WALTER** NAME 3.2 NAME **20**2 S.E. 8TH ST. 3.3 STREET ADDRESS STREET ADDRESS **Ó**ELRAY BEACH FL 33483 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **SANON, JULIUS** 4. 2 NAME NAME STREET ADDRESS **20**2 S.E. 8TH ST. 4.3 STREET ADDRESS **DELRAY BEACH FL 33483** 4.4 CITY-ST-ZIP CITY-ST-ZIP Dir. Change XXAddition (TITLE XXXDELETE 5.1 TITLE Wadner Benoit **ONEL, NICOLAS** NAME 5.2 NAME 808 S.E. 4th. Ave. 202 S.E. 8TH ST. STREET ADDRESS 5.3 STREET ADDRESS BELRAY BEACH FL 33483 Delray Bch. Fl. 33483 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 same appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jul 02 1998 8:00am

Secretary of State