

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004894

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: JOHN 3:16 EVANGELICAL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

560 NW 10TH AVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

200 S.W. 14TH AVE.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-0575865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACOMBE, RISALDO  
200 SW 14TH AVENUE  
BOYNTON BEACH, FL 33435      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: LACOMBE, RISALDO  
Address: 200 SW 14TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST      ( ) Delete  
Name: ETIENNE, CAROLE  
Address: 126 BUNTON WOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TT      ( ) Delete  
Name: LACOMBE, MARIE M  
Address: 200 S.W. 14TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D      ( ) Delete  
Name: NOEL, ALABRY  
Address: 521 FERN LANE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD      ( ) Delete  
Name: JOSEPH, MARIE F  
Address: 5661 BOYNTON COVE WAY  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: LACOMBE, RISALDO  
Address: 200 SW 14TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ST      (X) Change ( ) Addition  
Name: ETIENNE, CAROLE  
Address: 126 BUTTON WOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RISALDO LACOMBE

DP

01/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date