FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005483 (2)**

1. Corporation Name

INDEPENDENT BIBLE BAPTIST CHURCH OF HOLLYWOOD, I NC.

Principal Place of Business	Mailing Address
2910 JOSIE BILLIE AVENUE HOLLYWOOD FL 33024	2910 JOSIE BILLIE AVENUE HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0548593 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 6700 Raleigh St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Hollywood, Fl
24 Zip / 25 Country	29 33024-2808 / 30 Country

9. Name and Address of Current Registered Agent

PAYNE, ARLEN
6700 RALEIGH STREET
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	PAYNE, ARLENE	12 NAME	Payne, Arlen
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MICCO, VINCENT	22 NAME	
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BAKER, JUDY	32 NAME	
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BAKER, GUSTAVUS	42 NAME	
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PAYNE, LANA S	52 NAME	
STREET ADDRESS	C/O 6700 RALEIGH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Arlen Payne Arlen Payne 4-22-95 (305)962-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003447