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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000005483**

1. Corporation Name
CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.

* 4 4 1 4 2 8 *
441428 - 90061 - 41

Principal Place of Business	Mailing Address
2910 JOSIE BILLIE AVENUE HOLLYWOOD FL 33024	6700 RALEIGH ST HOLLYWOOD FL 33024-2808 US

2. Principa Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/03/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0548593 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, ARLEN		1.2 NAME		
STREET ADDRESS	C/O 6700 RALEIGH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MICCO, VINCENT		2.2 NAME		
STREET ADDRESS	6311 NW 34TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BILLIE, SALLY		3.2 NAME		
STREET ADDRESS	3021 NW 63RD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	.D	☒ Change ☐ Addition
NAME	JUMPER, ANNIE		4.2 NAME	Judy Baker	
STREET ADDRESS	6525 OSCEOLA COR WST		4.3 STREET ADDRESS	3003 Howard Tommie Dr	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MICCO, LORETTA		5.2 NAME		
STREET ADDRESS	63311 NW 34TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	SANCHEZ, ALICIA		6.2 NAME	H. Pepper Harris	
STREET ADDRESS	3002 HOWARD TOMMIE DR		6.3 STREET ADDRESS	6580 Eric Circle	
CITY-ST-ZIP	HOLLYWOOD FL 33024		6.4 CITY-ST-ZIP	~~Hollywood~~ Ft Lauderdale, FL 33314	

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 REQUIRED Arlen Payne 4/22/99 (954) 894-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)