

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 17 PM 2:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003356**

1. Corporation Name
FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH, INC.

Principal Place of Business: 610 - 14TH ST. WEST PALM BEACH FL 33401
 Mailing Address: P.O. BOX 487 WEST PALM BEACH FL 33402-0487 US



04-12-99 90005 037 \$70.00

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
WASHINGTON, KENNETH 10460 S.W. 160TH ST. MIAMI FL 33157		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 _____ (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	WASHINGTON, KENNETH	1.2 NAME	
STREET ADDRESS	10460 S.W. 160TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, WILLIE	2.2 NAME	JOE BOWENS
STREET ADDRESS	201 LAINHART CT.	2.3 STREET ADDRESS	1308 26th Ct W.
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, DORIS	3.2 NAME	Dianne Washington
STREET ADDRESS	610 - 14TH ST.	3.3 STREET ADDRESS	10460 S.W. 160th St.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Priscilla Devoe
STREET ADDRESS		4.3 STREET ADDRESS	1408 N. MANGONIA DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEH, FL 33401
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> KE <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: *Priscilla Devoe* Priscilla Devoe 11/15/99 (561) 833-5988

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CR2E037 (5/99)