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NONPROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF COMPORATIONS

DOCUMENT # N96000004963 (2)

	BAPTIST CHURCH OF HA	LLANUALE, FLUHIDA, II	NC	
Principal Plac	ce of Business	Mailing Address		
214 E HALLANDALE BEACH BLVD 214 E HALLANDALE BEACH HALLANDALE FL 33009 HALLANDALE FL 33009			H BLVD	3. Date Incorporated or Qualified 09/24/1996 4. FEI Number Applied For
2 Principal F	New of Bushama	12- 11-		59-1697031 Not Applicable
2 Principal Place of Business 21		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Country	☐ Yes ,☒ No
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No
	9. Name and Address of Curre		1991	10. Name and Address of New Registered Agent
			81 Name	
HODGES, PERRY W JR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	4TH AVE		83	
FILAUL	DERDALE FL 33301		83	
		1	84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered
office of r	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 617.0503, Flo	authorized by the corporat orida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered as			
12.			E: Registered Agent signature requir	
12. TITLE	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AF		13. 1.1 TITLE	
TITLE	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 Biock 320 Bioch 119 or an attachment with an address.

(954) 457-7751 1-26-98

FILED

Feb 04 1998 8:00am

Secretary of State