

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # N96000006545 (5)

1. Corporation Name

LOXAHATCHEE MISSION BAPTIST, INC.

Principal Place of Business

Mailing Address

**14595 SOUTHERN BLVD.
LOXAHATCHEE FL 33470**

**14595 SOUTHERN BLVD.
LOXAHATCHEE FL 33470-8222**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
12/24/1996

3a. Date of Last Report

4. FEI Number

65-0714877

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARONE, THOMAS J
251 ROYAL PALM WAY
SUITE 215
PALM BEACH FL 33480**

81 Name **BOB NALSENK**

82 Street Address (P.O. Box Number is Not Acceptable)
4670 DAVIS ROAD

83

84 City **LAKE WORTH**

FL

85 Zip Code
33461

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

Bob Nalsenik
Signature, typed or printed name of registered agent, and title if applicable.

BOB NALSENK

4/11/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **AMOS, JIM**
STREET ADDRESS **2318 SHERWOOD FOREST BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ DELETE
NAME **NALSENK, BOB**
STREET ADDRESS **4670 DAVIS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ DELETE
NAME **KUHN, BETTYE**
STREET ADDRESS **14595 SOUTHERN BLVD.**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Bob Nalsenik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOB NALSENK 4/11/97

Date

Daytime Phone # 0000229

CR2E037 (9/96)