


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90138 014 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006545**

1. Corporation Name

**LOXAHATCHEE MISSION BAPTIST, INC.**

Principal Place of Business

14595 SOUTHERN BLVD.  
 LOXAHATCHEE FL 33470

Mailing Address

14595 SOUTHERN BLVD.  
 LOXAHATCHEE FL 33470



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	14593 Southern Blvd.	26	14593 Southern Blvd.	12/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0714877	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Loxahatchee, FL		28 Loxahatchee, FL			
24 Zip 33470 Country 25 USA		29 Zip 33470 Country 30 USA			

9. Name and Address of Current Registered Agent

**NALSENICK, BOB**  
**4670 DAVIS RD.**  
**SUITE 215**  
**LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, JIM	1.2 NAME	
STREET ADDRESS	2316 SHERWOOD FOREST BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALSENIK, BOB	2.2 NAME	
STREET ADDRESS	4670 DAVIS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, BETTYE	3.2 NAME	
STREET ADDRESS	14595 SOUTHERN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Carol McIlvin
STREET ADDRESS		4.3 STREET ADDRESS	16141 E. Mayfair Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Charles Travis
STREET ADDRESS		5.3 STREET ADDRESS	2120 Longwood Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Sharie Bourque
STREET ADDRESS		6.3 STREET ADDRESS	18524 43rd Road N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Loxahatchee, FL 33470

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Sharie Bourque* **SIGNATURE REQUIRED** Sharie Bourque, Director 1/10/99 561-798-2340  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)