FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000002097 (0) **DOCUMENT #**Corporation Name

	E GLADE SEVENTH DAY CH					
Principal Pla 	ace of Business	Mailing Address				
4756 PAULIE COURT 4756 PAULIE COURT WEST PALM BEACH FL 33415 WEST PALM BEACH FL 3341			33415		3. Date Incorporated or Qualified 04/11/1997	
					4. FEI Number Applied F 65-0752733 Not Applie	
2. Principal Place of Business 21		2a. Mailing Address 28			5. Certificate of Status Desired See Required Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	·
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25	Zip 29	Counti	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Von	B
	9. Name and Address of Currer	nt Registered Agent	8	Name	10. Name and Address of New Registered Agent	
D) 40V	WOOD DUDIEVE					
BLACKWOOD, RUDLEY E 4756 PAULIE COURT			8	Street Add	dress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33415			8:			
			84	City	FL 85 Zip Code	
11. Pursuan office or agent. I SIGNATURE		22 and 617,1508, Florida Stat of Florida, Such change wa ations of, Section 617,0503,	utes, the abo s authorized t Florida Statute	re-named corpora by the corpora es.	rporation submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as registe	tered ered
	Stoneture, typed or printer name of registered age			jent signatura requ	uired when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ddition
NAME	Pastor - Piest Rudley E Blacky	aem —	1.2 NAME			
STREET ADDRESS	4756 Paulie Ct		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	West Palm Posch Et 2241E		1.4 CiTY-	ST-ZIP		
TITLE	Trustee/Chairma	☐ DELETE	2.1 TITLE	1	Change A	ddition
NAME	Hrish Postalies		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	4675C Orleans C		23 STHE	T ADDRESS		
TITLE	1. —	☐ DELETE	3.1 TITLE		☐ Change ☐ Ac	ddition
NAME	D ea con Calvin Jackson		3.2 NAME	}		
STREET ADDRESS	1821 West 27	Sit co	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	West from Bear	4, r1 33407	3.4. C(TY		Defense Die	ddition
TITLE NAME	Secretary	• LI DELETE	4.1 TITLE 4.2 NAM		L ynange L A	-2
STREET ADDRESS	Marcia Kelly			T ADDRESS	77 O/X	
City-St-Zip	641 N.W.12th St Belle Glade, FL	33430	4.4 CITY-		1070)
TITLE	Treasurer	DELETE	5.1 TITLE		☐ Change ☐ Ad	ddition
NAME	Joan Blackwood		5.2 NAME	Ì		
STREET ADDRESS	3 4756 Paulie r+	F1 22417		T ADDRESS		
CITY-ST-ZIP	West Palm Beach	F1 33415	5.4 City- 6.1 Title		Change A	ddition
TITLE NAME		m nete(c	6.1 TILE		Consign Livi	יימונוטיי
STREET ADDRESS				T ADDRESS		

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

FILED

Jun 08 1998 8:00am

Secretary of State