FILE NOW: FILING FEE IS \$61.25

NONPRØFIT . CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002915 (3)

BOOK OF LIFE FOUNDATION, INC.

FILED Jan 26 1998 8:00am Secretary of State

								1				
Principal Place of Business Mailing Address									1 TOURS DIE 10111 10311 00111 10111 1	Bill Bill FA		HEDI AIII IOOF
1100 S STATE RD SEVEN 1100 S STA				O S STATE RD :	STATE RD SEVEN			-	3. Date Incorporated or Qualified			
SUITE 201			SU	SUITE 201					05/19/1997			
MARGATE FL 33068 MARGATE FL 33068									4. FEI Number	. 4	TA	pplied For
									- 65-07533	348		ot Applicable
2. Principal P	lace of Busin	ness	2a.	Mailing Addres	SS				5. Certificate of Status Desired		\$8.75	Additional
21			26						Certificate of Status Desireo			eguired
Suite, Apt.	#, etc.		\vdash	Suite, Apt. #, etc.				1	6. Election Campaign Financing	_	\$5.00	
City & State			27	City & State					Trust Fund Contribution		Added t	
23	8		28					7. Is this nonprofit corporation a homeowners association?				
Zip		Country	20	Zip	Co	untry	,		8. This corporation owes or has pa		•	tangible
24		25	29	,	30	•			Personal Property Tax due June	_		No No
	9. Name	and Address of C	urrent Regis	tered Agent					10. Name and Address of New Re	gistered	Agent	
						81	Name)				
CORPOR	ration co	MPANY OF MIAN	VII			82	Street	Addres	s (P.O. Box Number is Not Acceptab	ole)		
	iscayne b											
	AMI CENTE	:R				83						
M IAMI FI	L 33 131					84	City				85 Zip	Code
44 -			7.00001.0	47 4500 51	Ö					FL		
office or re	egistered ag	ions of Sections of jent, or both, in the ith, and accept the	State of Florid	da. Such change	was authorize	ed by	the cor	rporation	ation submits this statement for the p n's board of directors. I hereby accep	ot the app	changing i ointment as	registered
SIGNATURE			_									
	Signature, typed	or printed name of registe	`				ınt signatur	ro required i	when reinstating)	DATE		
12,		OFFICER	S AND DIREC		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	AS IN 12
TITLE	D	VEC MODIAN		☐ DELE		TITLE					- Change	Abbillion
NAME		VEC, MIRIAM				VAME	4800500					
STREET ADDRESS		V 5TH DR ELD Beach FL 3:	2442				ADDRESS					
CITY-ST-ZIP TITLE	D	LD BEAUTI FL 3	3442	DELE		TITLE	1-211	 			Change	Addition
NAME	BERKEY	DALE				AME						
STREET ADDRESS		ID RUN RD					ADDRESS					
CITY-ST-ZIP		OH 33442				CITY-S						
TITLE	D			☐ DELE		ITLE				···	Change	Addition
NAME	BAUGHA	MAN, MARILYN			3.2 N	IAME						
STREET ADDRESS		46TH AVE			3.3 9	STREET	ADDRESS					
CITY-ST-ZIP	DEERFIE	LD BEACH FL 3	3442		3.4.	CITY-S	ST-ZIP					
TITLE				☐ DELE	TE 411	ITLE					Change	Addition
NAME					4 2	NAME						
STREET ADDRESS					435	TREET	ADDRESS					
CITY-ST-ZIP	··					OTY-SI	T-ZIP				4	/
TITLE				☐ DELE							Change	Addition
NAME						IAME			,		1/2	
STREET ADDRESS							ADDRESS		•	W]]	10	6
CITY-ST-ZIP				- I bec		PTY-SI	T-ZIP	-		10	Change	- Addition
TITLE	1			☐ DELE	4				700000241	286	Change	Addition
NAME						IAME			70000241 -01/27/980103	301	D .	
STREET ADDRESS					6.3 \$	IREET.	ADDRESS		***61.25			

6.4 CITY-ST-ZIP

11. 100

Q 711 494-04910

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.

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Sandra B. Mortham

Secretary of State
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BOOK	OF LIFE FOUNDATION, INC	,					
Principal Plac	e of Business	Mailing Address		E ADDREIDE DID IDITE IDDEL DONIN BOLES DONIN BOLES BOLE ARDID ADIDE ALDID ADIDE			
1100 8 STATE SUITE 201 MARGATE FL 3		1100 S STATE RD SEVEN SUITE 201 MARGATE FL 33068		3. Date Incorporated or Qualified 05/19/1997 4. FEI Number Applied For Not Applicable			
2. Principal P	lace of Business	2a- Mailing Address		5. Certificate of Status Desired S8.75 Additional 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?			
Zip 24	Country 25		Country 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 Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent			
			81 Name				
201 S B	ration company of Miami Iscayne blyd			ress (P.O. Box Number is Not Acceptable)			
1600 MI	AMI CENTER		83				
MI AMI FI	L 33131		84 City	FL 85 Zip Code			
SIGNATURE				poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered			
12.	Signature, typed or printed name of registered age OFFICERS AND		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D OFFICERS AND	DELETE	1,1 TITLE	Change Addition			
NAME	MACHOVEC, MIRIAM		1.2 NAME				
STREET ADDRESS	4012 NW 5TH DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE	Change Addition			
NAME	BERKEY, DALE		2.2 NAME				
STREET ADDRESS	286 SAND RUN RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	AKRON OH 33442		2. 4 CITY - ST - ZIP				
TITLE	D	DELETE	3.1 TITLE	Change Addition			
NAME	Baughman, Marilyn		3.2 NAME				
STREET ADDRESS	537 NW 46TH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4. DITY-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE	Change Addition			
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS	,			
CITY-ST-ZIP		BEILTE	4.4 CITY-ST-ZIP	Change Addition			
TITLE		☐ DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	7///06			
CITY-ST-ZIP		DELETE	5.4 City-St-ZiP 6.1 Title	Change			
NAME	i I	<u></u>	6.2 NAME	700002412887***********************************			
STREET ADDRESS			6.3 STREET ADDRESS	***61.25			

14. 1 According to the control of the composition of 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.