

NON-PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 6:02

DOCUMENT # N97000003066 (4)

1. Corporation Name
PENIEL EVANGELICAL ALLIANCE CHURCH OF DELRAY BEACH, INC.

Principal Place of Business Mailing Address
548 CORTEZ LANE DELRAY BEACH FL 33445

2 Principal Place of Business 2a Mailing Address
21 Suite, Apt. #, etc. 2b Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

1 Date Incorporated & Organized 05/27/1997
4 FEI Number XXX 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
7 Is this nonprofit corporation a homeowners association? Yes No
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BUSBY, ALBERTO F REV.
706 SW 23 AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Rev. Alberto F. Busby DATE: 10-11-'99

12 OFFICERS AND DIRECTORS		13 ADDITIONAL REGISTERED OFFICERS AND DIRECTORS	
TITLE: D NAME: ELMEUS, MODESTIN STREET ADDRESS: 2920 LAKE IDA RD. CITY-ST-ZIP: DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Pastor Director 1.2 NAME: Estagne Cineus 1.3 STREET ADDRESS: 548 S.E. Cortez Lane 1.4 CITY-ST-ZIP: Delray Bch. FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ESTAGNE, CINEUS STREET ADDRESS: 548 SE CORTEZ LN. CITY-ST-ZIP: DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 2.5 CITY-ST-ZIP: 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SAINT-PIERRE, INSEULDIEU STREET ADDRESS: 900 SE 2ND ST. CITY-ST-ZIP: DELRAY BEACH FL 3344	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 3.5 CITY-ST-ZIP: 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MIRTYL, PHUSMA STREET ADDRESS: 712 SE 4TH ST. CITY-ST-ZIP: DELRAY BEACH FL 33312	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 4.5 CITY-ST-ZIP: 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TMA, DESMABLE STREET ADDRESS: 1100 SW 4TH AVE. #104 CITY-ST-ZIP: DELRAY BEACH FL 33483	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 5.5 CITY-ST-ZIP: 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CHERI, PROSPERE STREET ADDRESS: 4806 6TH COURT RAINBERRY ROAD CITY-ST-ZIP: DELRAY BEACH FL 33445	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: 6.5 CITY-ST-ZIP: 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Estagne Cineus 7/16/1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OFFICE PHONE # 661 279 9258

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