


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 019 \*\*\*\*61.25

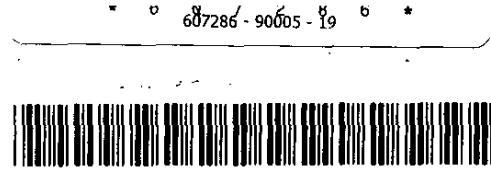
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005077**

1. Corporation Name  
**CHRISTIAN UNITED MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business 1545 WEST BLUE HERON RIVIERA BEACH FL 33404	Mailing Address P.O. BOX 11485 RIVIERA BEACH FL 33419-1148
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/04/1997	4. FEI Number 65-0713401 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>GREEN, DAVID SR</b> <b>321 W 23 STREET</b> <b>RIVIERA BEACH FL 33404</b>	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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETABLE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME GREEN, DAVID SR		1.2 NAME	
STREET ADDRESS 321 W 23RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP RIVIERA BEACH FL 33404		1.4 CITY-ST-ZIP	
TITLE D	DELETABLE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME ENGLISH, WILLIE J SR		2.2 NAME	
STREET ADDRESS 1211 W 2ND STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP RIVIERA BEACH FL 33404		2.4 CITY-ST-ZIP	
TITLE T	DELETABLE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME SPANN, ALBERTA		3.2 NAME	
STREET ADDRESS 5882 BIMINI CIRCLE EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33407		3.4 CITY-ST-ZIP	
TITLE D	DELETABLE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME SPANN, EUGENE E		4.2 NAME	
STREET ADDRESS 5882 BIMINI CIRCLE EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33407		4.4 CITY-ST-ZIP	
TITLE	DELETABLE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETABLE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *David Green 8-15-99* **561-848959**

CR2E037 (5/99)