

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001382**

1. Corporation Name
PILLAR OF TRUTH BAPTIST CHURCH, INC.

Principal Place of Business
**6950 ROYAL PALM BLVD.
MARGATE FL 33063**

Mailing Address
**1551 NW 64TH AVE.
MARGATE FL 33063**

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90046 022 ****61.25

002530



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
03/09/1998

22
City & State

27
City & State

4. FEI Number
65-0813877 Applied For
 Not Applicable

23
Zip Country

28
Zip

29 **30** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24
Zip Country

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent

81 Name

**JACOBSEN, MARK A
1551 NW 64TH AVE.
MARGATE FL 33063**

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

Signature, typed or printed in name of registered agent and title if applicable.

(NO FE Registered Agent signature required when reinstating.)

4/23/99

DATE

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	JACOBSEN, MARK A		1.2 NAME	
STREET ADDRESS	1551 NW 64TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTE, JEAN-GUY		2.2 NAME	
STREET ADDRESS	3920 NW 11TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNAP, GORDON E		3.2 NAME	
STREET ADDRESS	8950 NW 23RD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

954-969-7639

Daytime Phone #

CR2E037 (11/98)