

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 043 ****70.00

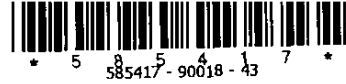
DOCUMENT # N98000004498 ✓

1. Corporation Name

BIBLE BAPTIST CHURCH OF BROWARD, INC.

Principal Place of Business
C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068

Mailing Address
C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/31/1998
2 City & State	27 City & State	4. FEI Number
3 Zip Country	28 Zip Country	65-0855527
4	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

PARIDO, CYNTHIA L
C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
P	PASTOR - DIRECTOR	1.2 NAME	
NAME	REV. JOHN C. GOODYEAR	1.3 STREET ADDRESS	
STREET ADDRESS	6801 SW 7 CT.	1.4 CITY-ST-ZIP	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	2.1 TITLE	Change Addition
TITLE	NAME	2.2 NAME	
S	CHURCH CLERK	2.3 STREET ADDRESS	
NAME	CYNTHIA L. PARIDO	2.4 CITY-ST-ZIP	
STREET ADDRESS	6801 SW 7 PLACE	3.1 TITLE	Change Addition
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
V	DEACON	3.4 CITY-ST-ZIP	
NAME	KURT BLACKMAN	4.1 TITLE	Change Addition
STREET ADDRESS	6801 NW 6 CT.	4.2 NAME	
CITY-ST-ZIP	MARGATE, FL 33063	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
T	TREASURER	5.1 TITLE	Change Addition
NAME	LEVERN MERCER	5.2 NAME	
STREET ADDRESS	1641 SW 63 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33068	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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

7/2/99 (954) 977-6899
Date Daytime Phone #

CR2E037 (5/99)