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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

05-13-1999 90037 039 ****70.00

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DOCUMENT # N98000006023

1. Corporation Name

THE PASTORAL EVANGELICAL ASSOCIATION OF DELRAY B
EACH, INC

Principal Place of Business

1351 SW 27TH PLACE
BOYNTON BEACH FL 33435

Mailing Address

1351 SW 27TH PLACE
BOYNTON BEACH FL 33435



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		10/21/1998	
22 City & State		27 City & State		4. FEI Number ☒ Applied For ☐ Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
5. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUSBY, REV. ALBERTO F 706 SW 23 AVENUE BOYNTON BEACH FL 33435				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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANCOIS, REV. FRANK	1.2 NAME	
STREET ADDRESS	1351 SW 27TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSBY, REV. ALBERTO F	2.2 NAME	
STREET ADDRESS	706 SW 23RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVUS FRANCOIS, REV. JEAN	3.2 NAME	
STREET ADDRESS	2655 DORSON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	
TITLE	O ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, REV. ADNER	4.2 NAME	
STREET ADDRESS	309 SOUTHRIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5, 1, 99 (561) 972-9136

CR2E037 (1/98)