

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 OCT -1 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006418

1. Corporation Name

ABACOA COMMUNITY CHURCH, INC.

Principal Place of Business  
91400 SUN TERRACE CIRCLE  
LAKE PARK FL 33403

Mailing Address  
P.O. BOX 30925  
PALM BEACH GARDENS FL 33420



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/12/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
25 Country		29 Country		Not Applicable	
30		31		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WHITE, KENNETH E 91400 SUN TERRACE CIRCLE LAKE PARK FL 33403				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	

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	1.1 TITLE	1.1 TITLE	Change Addition
NAME	1.2 NAME	1.2 NAME	Change Addition
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change Addition
TITLE	2.1 TITLE	2.1 TITLE	Change Addition
NAME	2.2 NAME	2.2 NAME	Change Addition
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change Addition
TITLE	3.1 TITLE	3.1 TITLE	Change Addition
NAME	3.2 NAME	3.2 NAME	Change Addition
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change Addition
TITLE	4.1 TITLE	4.1 TITLE	Change Addition
NAME	4.2 NAME	4.2 NAME	Change Addition
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change Addition
TITLE	5.1 TITLE	5.1 TITLE	Change Addition
NAME	5.2 NAME	5.2 NAME	Change Addition
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change Addition
TITLE	6.1 TITLE	6.1 TITLE	Change Addition
NAME	6.2 NAME	6.2 NAME	Change Addition
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	Change 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, with all other like empowered.

SIGNATURE:

Kenneth E. White  
KENNETH E. WHITE

9-28-99

561 624 4358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0042882

CR2E037 (11/98)