


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700615 (8)
1. Corporation Name
FORT LAUDERDALE RESCUE TABERNACLE, INC.



Principal Place of Business 9538 HWY. 441 BOYNTON BCH. FL 33437-4604	Mailing Address 9538 HWY. 441 BOYNTON BCH. FL 33437-4604
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1960	3a. Date of Last Report 01/29/1996
21		26		4. FEI Number 59-0774188	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CULBREATH, LOUIS A. 9538 US 441 BOYNTON BEACH FL 33437				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Sandra B. Mortham* V.P. DATE: **1/8/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, GURNADE			1.2 NAME	LARGE, JACK		
STREET ADDRESS	3980 NW 47 AVENUE			1.3 STREET ADDRESS	403 S.W 8TH STREET		
CITY-ST-ZIP	LAUDERDALE LAKES, FL00000			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33315		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, MICHAEL G.			2.2 NAME	CULBREATH SR, LOUIS		
STREET ADDRESS	9538 HWY 441			2.3 STREET ADDRESS	9538 HWY. 441		
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READ, HENRY III			3.2 NAME			
STREET ADDRESS	1980 NW 9TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULBREATH, LOUIS A.			4.2 NAME			
STREET ADDRESS	9538 HWY 441			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOELBINGER, WALTER			5.2 NAME			
STREET ADDRESS	2501 SW 45TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAULIS, CONRAD			6.2 NAME			
STREET ADDRESS	A5371 SW 40TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Sandra B. Mortham* DATE: **1/8/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)