

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>9538 HWY. 441 BOYNTON BCH. FL 33437-4604</b>	Mailing Address <b>9538 HWY. 441 BOYNTON BCH. FL 33437-4604</b>
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3. Date Incorporated or Qualified <b>03/10/1960</b>	
4. FEI Number <b>59-0774188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**CULBREATH, LOUIS A.  
9538 US 441  
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Louis A. Culbreath Louis A. Culbreath 1/12/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LARGE, JACK	
STREET ADDRESS	403 S.W. 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULBREATH SR. LOUIS	
STREET ADDRESS	9538 HWY 441	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	READ, HENRY III	
STREET ADDRESS	1980 NW 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CULBREATH, LOUIS A.	
STREET ADDRESS	9538 HWY 441	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOELBINGER, WALTER	
STREET ADDRESS	2501 SW 45TH ST	
CITY-ST-ZIP	DANIA, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAULIS, CONRAD	
STREET ADDRESS	A5371 SW 40TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Louis A. Culbreath 1/12/98 (861) 737-2259

CR2E037 (10/97)