

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705147 (7)
 1. Corporation Name
THE EVANGELICAL COVENANT CHURCH OF POMPANO BEACH, FLORIDA, INC.



Principal Place of Business: **9904 N.W. 77TH STREET TAMARAC FL 33321**
 Mailing Address: **9904 N.W. 77TH STREET TAMARAC FL 33321**

3. Date Incorporated or Qualified: **02/04/1963**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-1426200**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent:
HENRY, BRUCE
350 N.E. 42ND ST.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent:
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T WOETZEL, CRAIG | 1.2 NAME | |
| STREET ADDRESS | 8801 MARION CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D SCHULHOF, BETTY | 2.2 NAME | |
| STREET ADDRESS | 9221 W. BROWARD BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P CLAUSON, RILLA | 3.2 NAME | |
| STREET ADDRESS | 1650 NE 55TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | B SCHULHOF, PAUL | 4.2 NAME | D Viola Nilsen |
| STREET ADDRESS | 9221 W. BROWARD BLVD | 4.3 STREET ADDRESS | 1295 NW 87 Avenue |
| CITY-ST-ZIP | PLANTATION FL | 4.4 CITY-ST-ZIP | Coral Springs, FL 33071 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V FRIZEN, BERT | 5.2 NAME | |
| STREET ADDRESS | 8931 N. NEW RIVER CANAL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S CUNLIFFE, TERRI | 6.2 NAME | |
| STREET ADDRESS | 9943 NW 6TH CT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] Vice President 6/9/96 954-711-3789
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)