

**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 # 709415 (4)**

1. Corporation Name  
**15TH STREET CHURCH OF CHRIST, INC.**



Principal Place of Business  
**390 N.W. 15TH STREET  
 P.O. BOX 271  
 POMPANO BEACH FL 33061**

Mailing Address  
**390 N.W. 15TH STREET  
 P.O. BOX 271  
 POMPANO BEACH FL 33061**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified **08/10/1965** 3a. Date of Last Report **04/25/1995**

4. FEI Number **59-2449777** 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

**9. Name and Address of Current Registered Agent**

**THOMAS, JOHNNY B  
 621 N W 15TH MANOR  
 POMPANO BEACH FL 33060**

**10. Name and Address of New Registered Agent**

81 Name **CLARKE, LARRY W.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **680 NW 23RD TERRACE**  
 83  
 84 City **POMPANO BEACH FL** 85 Zip Code **33069**

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]* **LARRY W. CLARKE PTD** DATE **7-1-96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, JOHNNY B.</b>	
STREET ADDRESS	<b>621 NW 15TH MANOR</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>VID</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, LARRY W.</b>	
STREET ADDRESS	<b>680 N W 23RD TERR</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEIGHTS, PAUL</b>	
STREET ADDRESS	<b>403 NW 32ND CT #106</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSH, SYLVESTER</b>	
STREET ADDRESS	<b>631 NW 23RD TERRACE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, MATHEW SR.</b>	
STREET ADDRESS	<b>220 NE 31ST STREET</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEY, JOHNNY</b>	
STREET ADDRESS	<b>1730 NW 5TH AVE.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	

**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	<b>PTD</b> <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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **LARRY W. CLARKE PTD** DATE **7-1-96** 954 972 1526

CR2E037 (3/96)