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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 717564 (9)

1. Corporation Name

TRUSTEES WILTON MANORS BAPTIST CHURCH

Principal Place of Business	Mailing Address
116 N.E. 24TH STREET WILTON MANORS FL 33305	116 N.E. 24TH STREET WILTON MANORS FL 33305-1023

3. Date Incorporated or Qualified: **11/14/1969**
3a. Date of Last Report: **01/24/1996**

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

4. FEI Number: **NOT APPLICABLE** ☐ 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

KORNEGAY RAYE
4500 NW 13 ST
FT LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name: Donald Lien
82 Street Address (P.O. Box Number is Not Acceptable): 240 SW 22 STREET
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33315

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: Donald Lien (DONALD LIEN) — 1-8-97
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	CD	☑ DELETE	1.1 TITLE	Chairman of Trustees	☒ Change ☐ Addition
NAME	KORNEGAY, RAYE		1.2 NAME	DONALD LIEN	
STREET ADDRESS	4500 NW 13 ST		1.3 STREET ADDRESS	240 SW 22 St.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Laud. Fl 33315	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONKLIN, IRVING		2.2 NAME		
STREET ADDRESS	2916 NW 18 AV		2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	BONE, ANN		3.2 NAME	ART BINGHAM	
STREET ADDRESS	2453 NE 51 ST, 106D		3.3 STREET ADDRESS	830 SW 12 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Laud Fla 33315	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Donald S. Lien — 1-8-97 — 954-564-4314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035640