

**FILE NOW: FILING FEE IS \$61.00**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729077 (8)

1. Corporation Name  
**NORTHEAST BAPTIST CHURCH, INCORPORATED, OF FORT LAUDERDALE, FLORIDA**



Principal Place of Business: 5590 N.E. 6 AVE FT LAUDERDALE FL 33334  
Mailing Address: 5590 N.E. 6 AVE FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 03/11/1974  
3a. Date of Last Report: 02/22/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 65-0537336	Applied For	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	25	Country	29	Zip	30	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

CHARLES, COLLINS  
1062 SE 22ND AVE  
POMPANO BEACH FL 33062

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. NOT: Registered agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COLLINS, CHARLES <input type="checkbox"/> DELETE	11	TE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	410 SW 18 CT	12	ME
STREET ADDRESS	POMPANO BCH FL	13	SET ADDRESS
CITY-ST-ZIP		14	C-ST-ZIP
TITLE	SD HUTCHINSON, JOE RAM <input type="checkbox"/> DELETE	21	TE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	650 NE 57TH CT	22	NE
STREET ADDRESS	FT LAUDERDALE FL	23	SET ADDRESS
CITY-ST-ZIP		24	C-ST-ZIP
TITLE	D BREIDING, WILLIAM <input type="checkbox"/> DELETE	31	TE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	331 NW 51T COURT	32	NE
STREET ADDRESS	FT. LAUDERDALE FL	33	SET ADDRESS
CITY-ST-ZIP		34	C-ST-ZIP
TITLE	TV PERRY, BERNICE <input type="checkbox"/> DELETE	41	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4720 N E 6TH AVE	42	TE
STREET ADDRESS	FT LAUDERDALE FL	43	SET ADDRESS
CITY-ST-ZIP		44	C-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52	TE
STREET ADDRESS		53	SET ADDRESS
CITY-ST-ZIP		54	C-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	TE
STREET ADDRESS		63	SET ADDRESS
CITY-ST-ZIP		64	C-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Bernice F Perry TV* 3-21-96 805-491-1439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CFR2E037 (12/95)