

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33334-3410
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3. Date Incorporated or Qualified <b>03/11/1974</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>65-0537336</b>	Applied For 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, CHARLES</b>	
STREET ADDRESS	<b>410 SW 18 CT</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HUTCHINSON, JOE RAM</b>	
STREET ADDRESS	<b>650 NE 57TH CT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BREDING, WILLIAM</b>	
STREET ADDRESS	<b>331 NW 51T COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	<b>PERRY, BERNICE</b>	
STREET ADDRESS	<b>4720 N E 6TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input 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 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: *Charles Collins* 3-18-97 (954) 781-7346  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037631

CR2E037 (9/96)