

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

SEAL - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735295 (8)

1. Corporation Name

POINT EAST WORSHIPPERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2859 LEONARD DRIVE G508 3030 MARCOS DR #1509 N. MIAMI BEACH FL 33160	Mailing Address 2859 LEONARD DR G 205 N. MIAMI BEACH FL 33160 US
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3. Date Incorporated or Qualified 03/16/1976	3a. Date of Last Report 01/19/1994
4. FE Number 59-1679800	Applied For Not Applicable

2. Principal Place of Business 21 2859 LEONARD DR Suite, Apt. #, etc. 22 G 205 City & State 23 N. Miami Beach, FL Zip 24 33160 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required	8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent OSHEROFF NORA 2859 LEONARD DR G 205 NO MIAMI BEACH, FL N. MIAMI BEACH FL 33160
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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 FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Eleanor S. Osheroff (ELEANOR S. OSHEROFF) 4/18/95
DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBBINS, ABE 3020 MARCOS DR S204 NO MIAMI BCH, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<u>MAVGO ABE AMOS</u> <u>3020 MARCOS DR S204</u> <u>N. MIAMI BCH, FL 33160</u> ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSHEROFF, SOL 2859 LEONARD DR G205 N MIAMI BCH, FL 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHOEN, MAX 2930 POINT EAST DR E508 NO MIAMI BCH, FL 00000	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OSHEROFF, ELEANOR S. 2859 LEONARD DR G-205 N. MIAMI BEACH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOBMAN, MORRIS L. 3030 MARCOS DR T509 N MIAMI BCH, FL 00000	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(3)(b), 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: Eleanor S. Osheroff (ELEANOR S. OSHEROFF) 4/18/95 931-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR