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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 737678 (3)

**1. Corporation Name
CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA
, INC.**

2. Principal Place of Business **2a. Mailing Address**

27500 OLD DIXIE HWY 27500 OLD DIXIE HWY
BOX 700339 BOX 700339
MIAMI FL 33170-7338 MIAMI FL 33170-7338

21. Principal Place of Business **2a. Mailing Address**
21 **26** **P.O. Box 700339**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** **Miami, FL 33170-0339**
Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified **3a. Date of Last Report**
12/27/1976 **03/02/1994**
4. FEI Number **Applied For**
59-1661247 **Not Applicable**
5. Certificate of Status Desired **\$0.75 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MCCORMICK, ARTHUR F., ESQ
7550 RED ROAD
SUITE 203
S. MIAMI FL 33143

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05 Zip Code**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD COOPER, WILLIE W. I 1457 WELLINGTON CIRCLE ROCKLEDGE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Berrones, Julio 18740 SW 356 Street Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCANULTY, KENNETH 28820 SW 164 COURT HOMSTEAD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Winant, Robert 16750 SW 300 Street Homestead, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORP, MARIE E. 12370 SW 225TH ST. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCANULTY, KEVIN D 27725 SW 184 COURT HOMESTEAD FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROSBY, ALFANZO 11855 SW 188 ST. MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie E. Thorp* **(305) 248-9598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Marie E. Thorp, Corporate Secretary **4/19/95**