

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737678** (3)

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



Principal Place of Business
**27500 OLD DIXIE HWY
BOX 700338
MIAMI FL 33170-7338**

Mailing Address
**P.O. BOX 700339
BOX 700338
MIAMI FL 33170-7338
US**

3. Date Incorporated or Qualified **12/27/1976** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **P.O. Box 700339**

4. FEI Number **59-1661247** Applied For Not Applicable

22 City & State **27** City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **25** Country **28** Zip **29** Country **33170-0339**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **25** **29** **30**

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

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

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	SVPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRONES, JULIO	1.2 NAME	
STREET ADDRESS	18740 SW 356TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINANT, ROBERT	2.2 NAME	
STREET ADDRESS	16750 SW 300 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMSTEAD FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, MARIE E.	3.2 NAME	
STREET ADDRESS	12370 SW 225TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANULTY, KEVIN D	4.2 NAME	
STREET ADDRESS	27725 SW 164 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, ALFANZO	5.2 NAME	
STREET ADDRESS	11955 SW 186 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 617, 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* Marie E. Thorp

4/24/96

(305)248-9598x12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)