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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 700339, MIAMI FL 33170-3339  
Mailing Address: P. O. BOX 700339, BOX 700339, MIAMI FL 33170-0339, US

3. Date Incorporated or Qualified: 12/27/1976  
3a. Date of Last Report: 04/29/1996  
4. FEI Number: 59-1661247  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

22. Suite, Apt. #, etc.: P.O. Box 700339  
23. City & State: Miami FL 33170-0339  
24. Zip: 33170-0339  
25. Country: US  
26. Suite, Apt. #, etc.:  
27. City & State: Miami FL 33170-0339  
28. City & State: Miami FL 33170-0339  
29. Zip: 33170-0339  
30. Country: US

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  
TITLE: SVP, DELETE  
NAME: BERRONES, JULIO  
STREET ADDRESS: 18740 SW 356TH STREET  
CITY-ST-ZIP: FLORIDA CITY FL  
TITLE: TD, DELETE  
NAME: WINANT, ROBERT  
STREET ADDRESS: 16750 SW 300 STREET  
CITY-ST-ZIP: HOMESTEAD FL  
TITLE: SD, DELETE  
NAME: THORP, MARIE E.  
STREET ADDRESS: 12370 SW 225TH ST.  
CITY-ST-ZIP: MIAMI FL  
TITLE: PD, DELETE  
NAME: MCANULTY, KEVIN D  
STREET ADDRESS: 27725 SW 164 COURT  
CITY-ST-ZIP: HOMESTEAD FL  
TITLE: VD, DELETE  
NAME: CROSBY, ALFANZO  
STREET ADDRESS: 11955 SW 188 ST.  
CITY-ST-ZIP: MIAMI FL  
TITLE: DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: Change Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE: Change Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE: Change Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE: Change Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: Change Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: Change 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: *Sandra B. Mortham* Thorp 4/18/97 (305) 248-9598 x12  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032433

CR2E037 (9/96)