

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755288 (8)

1. Corporation Name
CHURCH OF GOD OF WEST BROWARD, INC.

Principal Place of Business Mailing Address
1050 NW 43RD AVE. 1050 NW 43RD AVE.
PLANTATION FL 33313-3742 PLANTATION FL 33313-3742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1980 3a. Date of Last Report 11/04/1994
4. FEI Number 59-2173396 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SIMPSON, JOHN E.D.
300 GARDENS DR.#206
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

B1 Name LOWE, ROBERTO
B2 Street Address (P.O. Box Number is Not Acceptable) 7455 NW 53 STREET
B3
B4 City LAUDER HILL FL B5 Zip Code 33319

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 of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, REGINALD G
STREET ADDRESS	2310 NW 115 DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	D
NAME	PAYNE, STEADHAM
STREET ADDRESS	11401 NW 192 ST.
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	WILMOT, MERLE
STREET ADDRESS	2030 NW 70 AVE.
CITY-ST-ZIP	SUNRISE FL
TITLE	T
NAME	SIMPSON, JOHN E.D.
STREET ADDRESS	300 GARDENS DR.#206.
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	LIPSETT, HENRY
STREET ADDRESS	2550 NW 94TH TERR
CITY-ST-ZIP	SUNRISE, FL 00000
TITLE	S
NAME	COX, JENCY
STREET ADDRESS	11301 N.W. 44TH ST.
CITY-ST-ZIP	CORAL SPGS. FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Carol
2.3 STREET ADDRESS	2310 N.W. 115 DR
2.4 CITY-ST-ZIP	Coral Springs, FL 33065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hazard, Darrell
3.3 STREET ADDRESS	4500 NW 32nd Court
3.4 CITY-ST-ZIP	Lauderdale Lakes FL 33319
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lowe, Roberto
4.3 STREET ADDRESS	7455 NW 53 Street
4.4 CITY-ST-ZIP	Lauderhill, FL 33319
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thomas Annette
6.3 STREET ADDRESS	641 Carolina Ave
6.4 CITY-ST-ZIP	St Lauderdale FL 33312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I do 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 to execute this report as required by Chapter 817, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 305 792 0367