

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755288 (8)
1. Corporation Name
CHURCH OF GOD OF WEST BROWARD, INC.



Principal Place of Business 1060 NW 43RD AVE PLANTATION FL 33313-3742	Mailing Address 1060 NW 43RD AVE. PLANTATION FL 33313-3742
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3. Date Incorporated or Qualified 11/25/1980		
4. FEI Number 59-2173396	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SMITH, REGINALD G
2310 NW 115 DR
CORAL SPRINGS FL 33065**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SMITH, REGINALD G
STREET ADDRESS	2310 NW 115 DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, CAROL
STREET ADDRESS	2310 N.W. 115 DR
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAZARD, DARRELL
STREET ADDRESS	4500 NW 32 COURT
CITY-ST-ZIP	LAUDERHILL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LOWE, ROBERTO
STREET ADDRESS	7455 NW 53 STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	S <input type="checkbox"/> DELETE
NAME	THOMAS, ANNETTE
STREET ADDRESS	641 CAROLINA AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	JACOBS, SYLVIA
STREET ADDRESS	4990 SW 7TH COURT
CITY-ST-ZIP	MARGATE FL 33088

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4200 Inverrary Blvd, #3807
3.4 CITY-ST-ZIP	Lauderhill, FL 33319
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5267 NW 112 TERRACE
4.4 CITY-ST-ZIP	Coral Springs, FL 33076
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	SUSAN-TH WATSON
6.3 STREET ADDRESS	3371 NW 46 AVENUE
6.4 CITY-ST-ZIP	LAUDERDALE FL 33319

14. I 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: *Annette Thomas* 2/9/98 954-792-0367

CR2E037 (10/97)