


NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT 19 AM 11:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 755288

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

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

Mailing Address
 1050 NW 43RD AVE.
 PLANTATION FL 33313-3742

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/25/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2173396
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
26	29	6. Election Campaign Financing
28	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, REGINALD G 2310 NW 115 DR CORAL SPRINGS FL 33065	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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, REGINALD G	1.2 NAME	
STREET ADDRESS	2310 NW 115 DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROL	2.2 NAME	
STREET ADDRESS	2310 N.W. 115 DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZARD, DARRELL	3.2 NAME	
STREET ADDRESS	4200 INVERRARY BLVD. #3907	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, ROBERTO	4.2 NAME	
STREET ADDRESS	5267 NW 112TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ANNETTE	5.2 NAME	
STREET ADDRESS	641 CAROLINA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWSONN, WASTON	6.2 NAME	
STREET ADDRESS	3371 NW 48TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Annelle Thomas* 954-792-0367

7/28/99 90010020#01.25

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