

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757517 (8)

1. Corporation Name
FLORIDA BIBLE CHURCH, INC.



Principal Place of Business 9300 PEMBROKE ROAD MIRAMAR FL 33025-8699	Mailing Address 9300 PEMBROKE ROAD MIRAMAR FL 33025-1840
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3. Date Incorporated or Qualified 04/13/1981	3a. Date of Last Report 02/01/1996
4. FEI Number 59-2123852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SMITH, HAROLD D
1935 HOLLYWOOD BLVD.
HOLLYWOOD FL FL 33020**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, REV J O	
STREET ADDRESS	7873 KISMET STREET	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADY, ROBERT L	
STREET ADDRESS	5985 SW 33RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMBLIN, ROBERT	
STREET ADDRESS	12393 SW 5TH COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOM-AJAN, VICENTE	
STREET ADDRESS	8470 NW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUUD, CLIFFORD	
STREET ADDRESS	2048 NW 193RD AVENUE	
CITY-ST-ZIP	PEMBRIKOE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	7940 CORAL BLVD	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT CARDONNE	
1.3 STREET ADDRESS	1538 ISLAND WAY	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33326	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RALPH THORPE	
2.3 STREET ADDRESS	13851 E. PALONIMO DR.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33330	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EVANS W. DILL	
3.3 STREET ADDRESS	541 N. 70 WAY	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33024	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK LOFORTE	
4.3 STREET ADDRESS	20125 NW 62 CT.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33015	
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 type="checkbox"/> Change <input type="checkbox"/> 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: **EVANS W. DILL** *Evans W. Dill* 1/2/97 (954) 431-6776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023937

CR2E037 (9/96)