

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

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95 MAY - 1 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N12106** (3)

1. Corporation Name  
**FAMILY WORSHIP CENTER, INC. OF WEST PALM BEACH, FLORIDA**

Principal Place of Business Mailing Address

**FAMILY WORSHIP CENTER**  
365 JOG ROD  
WEST PALM BCH FL 33415  
US

**FAMILY WORSHIP CENTER**  
365 JOG RD  
WEST PALM BEACH FL 33415  
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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

**SMITH, CLIFTON M.**  
1222 ESSEX DR  
WESST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

B1 Name **SHIPMAN, FREDERICK D**

B2 Street Address (P.O. Box Number is Not Acceptable)  
**1714 BANYAN CREEK CT**

B3

B4 City **BOYNTON BEACH** FL B5 Zip Code **33436**

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]* *[Signature]* **Rev. FREDERICK D. Shipman** **4-26-95**  
(Signature must be printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SMITH, CLIFTON M.
STREET ADDRESS	1222 ESSEX DR
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	VD
NAME	LEE, RICHARD
STREET ADDRESS	7720 STONE HARBOR DR
CITY- ST- ZIP	LAKE WORTH FL
TITLE	SD
NAME	DAVIS, JENKIN
STREET ADDRESS	11868 DONLIN DRIVE
CITY- ST- ZIP	W. PALM BCH. FL
TITLE	D
NAME	CARTER, KELVIN
STREET ADDRESS	513 CHERRY RD
CITY- ST- ZIP	W PALM BCH FL
TITLE	D
NAME	DEVROOMEN, HENRY
STREET ADDRESS	6090 AURORA DR
CITY- ST- ZIP	W.PALM BCH. FL
TITLE	D
NAME	PEREZ, JOEL
STREET ADDRESS	6424 TRAVIS RD
CITY- ST- ZIP	LAKE CLARKE SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SHIPMAN, FREDERICK D
13 STREET ADDRESS	1714 BANYAN CREEK CT
14 CITY- ST- ZIP	BOYNTON BEACH, FL 33436
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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, 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **Rev. FREDERICK D. Shipman** **4-26-95** **407-683-6633**  
(Signature must be printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when installing) DATE (Type Here)