

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of State

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| MONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 FAMILY WORSHIP CENTER 365 JOG ROD WEST PALM BCH FL 33415 US | Mailing Address FAMILY WORSHIP CENTER 365 JOG RD WEST PALM BEACH FL 33415-2315 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/15/1985 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number NOT APPLICABLE | Applied For 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 | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

**SHIPMAN, FREDERICK D.
1714 BANYAN CREEK COURT
BOYNTON BEACH FL 33438**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHIPMAN, FREDERICK D. | 1.2 NAME | |
| STREET ADDRESS | 1714 BANYAN CREEK COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 7720 STONE HARBOR DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, JENKIN | 3.2 NAME | |
| STREET ADDRESS | 11866 DONLIN DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORLEY BARNETT | 4.2 NAME | |
| STREET ADDRESS | 6891 BEACON HOLLOW TURN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEVROOMEN, HENRY | 5.2 NAME | LARRY HENDRICK |
| STREET ADDRESS | 6090 AURORA DR | 5.3 STREET ADDRESS | 5361 Sandhurst Circle N. |
| CITY-ST-ZIP | W.PALM BCH. FL | 5.4 CITY-ST-ZIP | Lake Worth, FL 33463 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, JOEL | 6.2 NAME | |
| STREET ADDRESS | 6424 TRAVIS RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CLARKE SHORES FL | 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: _____ DATE: **3-13-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0041294

CR2E037 (9/96)