FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

N95000002005 (5)

BODY OF CHRIST CHURCH OF BROWARD COUNTY INC.

FILED Jan 15 1998 8:00am Secretary of State

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	Pt. 1 1 1 Pt.								
	Principal Place of Business Mailing Address							,	**** **** ****
	2341 WILTON (P.O. BOX 23177	P.O. BOX 23177			3. Date Incorporated or Qualified		
WILTON MANORS FL 33305 FT. LAUDERDALE FL 33307				07			04/24/1995		
1							4. FEI Number	Ar	plied For
							65-0563267	No	t Applicable
1	2. Principal P	Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired	\$8.75	Additional
1	21		26				5. Continuate of classes bosined	Fee Re	quired
l	Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
ı	22 City 8 Ctat						Trust Fund Contribution	710000 10	
١		City & State City & State					7. Is this nonprofit corporation a homeo		ገ ?
I	23 Zip				untry		_ 		
١	24			30	¬ '		This corporation owes or has paid the Personal Property Tax due June 30.		angible] No
ı	24	9. Name and Address of Current Registered Agent		30	'1		10. Name and Address of New Registe		J 140
l					81	Name			·
İ	HOUSE, JOHN M								
İ	2341 WILTON DRIVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ŀ		WILTON MANORS FL 33305			83				
١	MICION	MANTORS PL 33305							
l					84	City		FL 85 Zip (Code
ł	11. Pursuant	· Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes,			above	-named corp			s realistered
l	 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florid. 				norized by the corpora a Statutes		ion's board of directors. I hereby accept the	appointment as	registered
l		Trial mai man, and dooopt the obliga	11010 01, 0001011 011 .0000, 1	ionaa ota	Kuloo				
l	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				egA be	nt signature require	ed when reinstating)	ATE	
	12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS		
1	TITLE	D DELETE		1.1 ₹	1.1 TITLE			Change	Addition .
I	NAME	House, John M		1.2 N	AME				
I	STREET ADDRESS	602 NE 20TH STREET		1.3 S	STREET	ADORESS			
l	CITY-ST-ZIP	FT. LAUDERDALE FL 33305			CITY-S	T-ZIP			
I	TITLE	D	☐ DELETE	2.1 T	ITLE			Change	Addition
Ì	NAME	MCKAY, KEITH S		22 N	IAME				
١	STREET ADDRESS	2749 NE 28TH STREET		2.3 S	TREET	ADDRESS			
ŀ	CITY-ST-ZIP	TLE D DELETE AME MESA-VALERO, ALBERTO IREET ADDRESS 2749 NE 28TH STREET			2. 4 CITY+ST-ZIP				F-1 1 4 mm
١	TITLE				3.1 TITLE			☐ Change	Addition Addition
	NAME			3.2 N					
I	STREET ADDRESS			3.3 \$	TREET	ADDRESS			
ŀ	CITY-ST-ZIP				3.4. CITY - ST - ZIP				
l	TITLE	1	☐ DELETE	4.1 T		l		☐ Change	Addition
l	NAME	HAMILTON, TAMRA		4.21	NAME				
l	STREET ADDRESS	3080 S. OAKLAND FOREST D	RIVE, #107	4.3 S	TREET.	ADDRESS			
ŀ	CITY-ST-ZIP	OAKLAND PARK FL 33309		_	ITY-SI	T-ZIP			
l	TITLE		☐ DELETE	5.1 T	ITLE			Change	☐ Addition
١	NAME [5.2 N	IAME				
1	STREET ADDRESS			5.3 S	TREET.	ADDRESS			
1	CITY-ST-ZIP				5.4 CITY - ST - ZIP				
1	TITLE		DELETÉ	6 1 T	TIE			Change	Addition

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 of 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 3 if chapter or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP