

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 709415 (4)

1. Corporation Name

15TH STREET CHURCH OF CHRIST, INC.

Principal Place of Business

390 N.W. 15TH STREET  
P.O. BOX 271  
POMPANO BEACH FL 33061

Mailing Address

390 N.W. 15TH STREET  
P.O. BOX 271  
POMPANO BEACH FL 33061



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1965

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2449777

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THOMAS, JOHNNY B  
621 N W 15TH MANOR  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

CLARKE, LARRY W.

82 Street Address (P.O. Box Number is Not Acceptable)

680 NW 23RD TERRACE

83

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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

*[Signature]*

LARRY W. CLARKE, PTD

7-1-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMAS, JOHNNY B. ☒ DELETE  
STREET ADDRESS 621 NW 15TH MANOR  
CITY-ST-ZIP POMPANO BCH FL

TITLE VTD  
NAME CLARKE, LARRY W. ☐ DELETE  
STREET ADDRESS 680 N W 23RD TERR  
CITY-ST-ZIP POMPANO BCH FL

TITLE SD  
NAME SPEIGHTS, PAUL ☒ DELETE  
STREET ADDRESS 403 NW 32ND CT #106  
CITY-ST-ZIP POMPANO BCH. FL

TITLE D  
NAME RUSH, SYLVESTER ☐ DELETE  
STREET ADDRESS 631 NW 23RD TERRACE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D  
NAME MOORE, MATHEW SR. ☐ DELETE  
STREET ADDRESS 220 NE 31ST STREET  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D  
NAME COLEY, JOHNNY ☐ DELETE  
STREET ADDRESS 1730 NW 5TH AVE.  
CITY-ST-ZIP POMPANO BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

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 if changed, or on an attachment with an address

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY W. CLARKE, PTD

7-1-96

954 972 1526

Date

Daytime Phone #

CR2E037 (3/96)