

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755288**
 1. Corporation Name
CHURCH OF GOD OF WEST BROWARD, INC.

Principal Place of Business 1050 NW 43RD AVE PLANTATION, FL 33313-3742	Mailing Address 1050 NW 43RD AVE. PLANTATION, FL 33313-3742
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3. Date Incorporated or Qualified 11/25/80	3a. Date of Last Report 5/1/96
4. FEI Number 59-2173396	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	

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	29 Country
25	30

9. Name and Address of Current Registered Agent
ROBERTO LOWE
7455 NW 53 STREET
LAUDERHILL, FL 33319

10. Name and Address of New Registered Agent	
81 Name REGINALD G. SMITH	85 Zip Code 33065
82 Street Address (P.O. Box Number is Not Acceptable) 2310 NW 115 DR	
83	
84 City CORAL SPRINGS	85 Zip Code FL 33065

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]* **PRESIDENT** **3/30/97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	☐ DELETE	1.1 TITLE SECRETARY	☐ Change ☒ Addition
NAME REGINALD G. SMITH		1.2 NAME SYLVIA JACOBS	
STREET ADDRESS 2310 NW 115 DR		1.3 STREET ADDRESS 4990 SW 7TH COURT	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		1.4 CITY-ST-ZIP MARGATE, FL 33068	
TITLE DIRECTOR	☐ DELETE	2.1 TITLE TREASURER	☐ Change ☒ Addition
NAME CAROL SMITH		2.2 NAME GLORIA R. RUSSELL	
STREET ADDRESS 2310 NW 115 DR		2.3 STREET ADDRESS 10500 NW 21ST STREET	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		2.4 CITY-ST-ZIP SUNRISE, FL 33322	
TITLE DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME DARRELL HAZARD		3.2 NAME	
STREET ADDRESS 4026 INVERRARY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL, FL 33319		3.4 CITY-ST-ZIP	
TITLE TREASURER	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME ROBERTO LOWE		4.2 NAME	
STREET ADDRESS 7455 NW 53 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL, FL 33319		4.4 CITY-ST-ZIP	
TITLE SECRETARY	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME ANNETTE THOMAS		5.2 NAME	
STREET ADDRESS 641 CAROLINA AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 33312		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **3/30/97** (954) 792-0367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)