

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **703493** (7)

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF DEERFIELD BEACH, FLORIDA, INC.



Principal Place of Business

**307 S.E. 15 ST.
DEERFIELD BEACH FL 33441**

Mailing Address

**P.O. BOX 64
DEERFIELD BEACH FL 33443-0064
US**

3. Date Incorporated or Qualified
01/23/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLONDER, LUCILLE
208 NE 10 ST
POMPANO BCH FL 33060**

81

Name

THOMAS G. WALLER

82

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

284 N.E. 40 COURT

83

84

City

POMPANO BEACH

FL

85

Zip Code

33064-3516

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

THOMAS G. WALLER
Thomas G. Waller

(NOTE: Registered Agent signature required when installing)

JAN. 25, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLONDER, SEYMOUR	
STREET ADDRESS	208 NE 10 ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	REV	<input type="checkbox"/> DELETE
NAME	WILSON, BILLY R	
STREET ADDRESS	1417 S.E. 3RD TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLONDER, LUCILLE	
STREET ADDRESS	208 NE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLASPILLE, NORMA JEAN	
STREET ADDRESS	2821 NE 10 TERR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THOMAS G. WALLER	
13 STREET ADDRESS	284 NE. 40 COURT	
14 CITY-ST-ZIP	POMPANO BEACH, FLA. 33064	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	T. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CHERYL DUNCAN	
33 STREET ADDRESS	4511 NE. 14 AVE.	
34 CITY-ST-ZIP	POMPANO BEACH, FLA. 33064	
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 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS G. WALLER
Thomas G. Waller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 25, 1996 954-941-0680
DATE Daytime Phone #

CR2E037 (12/95)