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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 705255 (8)

1. Corporation Name

CHRISTIAN BUSINESS MEN'S COMMITTEE OF FORT LAUDE RDALE, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. DAVELL ~~1401 E. BROWARD BLVD. STE. 300~~ ~~FORT LAUDERDALE FL 33301~~ ~~US~~	C/O WILLIAM C. DAVELL ~~1401 E. BROWARD BLVD. #300~~ ~~FT. LAUDERDALE FL 33301~~ ~~US~~

3. Date Incorporated or Qualified: 02/26/1963
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business	2a. Mailing Address
21 1 FINANCIAL PLAZA	26 1 FINANCIAL PLAZA
Suite, Apt. #, etc. 22 # 2602	Suite, Apt. #, etc. 27 # 2602
City & State 23 FT LAUD	City & State 28 FT LAUD, FLA
Zip / Country 24 FL / 25 33394	Zip / Country 29 33394 / 30 USA

4. FEI Number: 59-6173125 ☐ 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

DAVELL, WILLIAM C.,
~~1401 E. BROWARD BLVD.~~
~~SUITE 300~~
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1 FINANCIAL PLAZA

83 SUITE 2602

84 City: FT LAUD **FL** 85 Zip Code: 33394

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: William C. Davell — WILLIAM C. DAVELL — DATE: 1/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOTT, WESLEY 2225 NE 16TH AVE. WILTON MANORS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVELL, WILLIAM C. 1401 E BROWARD BLVD, STE 300 FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ESTLER, STEVEN D. 600 CORPORATE DRIVE, STE. 200 FORT LAUDERDALE FL 33334	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: William C. Davell — 1/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #