

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708820 (6)

1. Corporation Name

CENTRAL MISSIONARY BAPTIST CHURCH OF WEST HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

5001 SW 20 ST
HOLLYWOOD FL 33023
US

5001 SW 20 ST
HOLLYWOOD FL 33023
US



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

FERGUSON, OBADIAH
5700 MAYO STREET
HOLLYWOOD FL 33023

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CLARK, ROBERT
STREET ADDRESS 5001 SW 20TH ST.
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SMITH, GEORGE
STREET ADDRESS 5001 SW 20TH ST.
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ST
STREET ADDRESS FERGUSON, OBADIAH
CITY-ST-ZIP 5001 SW 20TH ST.
WEST HOLLYWOOD FL 33023

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MCCREA, JACOB
STREET ADDRESS 5001 SW 20TH ST.
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME D
STREET ADDRESS ADAMS, GEORGE
CITY-ST-ZIP 5001 SW 20TH ST.
WEST HOLLYWOOD FL 33023

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME T
STREET ADDRESS MCCREA, SAMUEL
CITY-ST-ZIP 4430 SW 19TH ST
WEST HOLLYWOOD FL

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1996 (745) 961-3956
Date Daytime Phone #

CR2E037 (12/95)