FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

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FILED							
Mar	18	1998	8:00am				
Se	cret	tary o	f State				

	INDALE MANONS CHURC				
Principal Plac	ce of Business	Mailing Address			, comitt ander enter detter diese britt britte fillet fiebli diett fillett fallet
6080 SW 17TH POMPANO BEA	I ST. ACH FL 33068-1616	6080 SW 17TH ST. POMPANO BEACH FL 3	3068-1616		3. Date Incorporated or Qualified 04/01/1966
					4. FEI Number Applied For
2. Principal F	Place of Business	2a. Mailing Address			52-1547937 Not Applicab
21 Suite, Apt		26			5. Certificate of Status Desired \$8.75 Additional Fee Required
22 Suite, Apr.	. #, BIC.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	10	City & State			7. Is this nonprofit corporation a homeowners association?
23		28			Yes No
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		04 61	10. Name and Address of New Registered Agent
WD01.41			['	81 Name	e e
	V 6TH ST.				et Address (P.O. Box Number is Not Acceptable)
PLANTA	TION FL 33317		L	33	
				City	FL 65 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	tutes, the abo	ove-named	ad corporation submits this statement for the purpose of changing its registered opporation's board of directors. I hereby accept the appointment as registered
agent i a	im familiar with, and accept the ob	ligations of, Section 617.0503,	Florida Statu	tes.	poralion spoard of directors. Thereby accept the appointment as registered
SIGNATURE				NO	10 1500m 14 tel-1998
12.	Signature typod or printed name of registered	agent and little if applicable (N NDD DIRECTORS	NOTE: Registered /	Ageht s/gnatur	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOTA	F	Change Addition
NAME	HINTON, JAMES	_	1.2 NAM		
STREET ADDRESS	1712 NW 11 AVE			EET ADDRESS	s
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			- ST- ZIP	
TITLE	SDT	DELETE	2.1 TITU		SOT Mange Addition
NAME	SMITH, HAROLD	•	2.2 NAM	IE .	CHARLES TURL OUEST CHARLES
STREET ADDRESS	4146 CITRUS		2.3 STR	EET ADORESS	CHARLES TURNQUEST, CHARLES
CITY-ST-ZIP	COCOA FL 32923-1621		2.4 CIT	Y-ST-ZIP	LAUDERHILL FL 35319-
TITLE	PD	DELETE	3.1 TiffLi	E	Change Addition
NAME	KROLAK, LEO		3.2 NAM	IΕ	
STREET ADDRESS	5900 SW 6TH ST		3.3 STR	EET ADDRESS	3
CITY-ST-ZIP	PLANTATION FL 33317		3.4. CITY	1-\$1-ZIP	
TITLE		☐ DELETE	4.1 TiTu	Ē	Change Addition
NAME			4. 2 NAN	AE .	
STREET ADDRESS			4.3 STRE	ET ADDRESS	;
CITY-ST-ZIP		T or cre	4.4 CITY		
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NAME CIRCLI ADDRESS			5.2 NAM		
STREET ADDRESS				ET ADDRESS	· }
CITY-ST-ZIP TITLE		DELETE	5.4 CITY		The state of the s
NAME		L. Dittle	6.1 TITLE		☐ Change ☐ Additio
STREET ADDRESS			6.2 NAM		
COY+ST-7IP				ET ADDRESS	•

14. I 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: