

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 712139 (5)  
1. Corporation Name  
FIRST CHURCH OF GOD OF HOLLYWOOD, INCORPORATED



Principal Place of Business Mailing Address  
201 NORTH 57TH AVE. HOLLYWOOD FL 33021  
201 NORTH 57TH AVE. HOLLYWOOD FL 33021-6310

3. Date Incorporated or Qualified 01/23/1967  
3a. Date of Last Report 02/20/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 59-1172676 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  
MCKENDRICK, KENNETH  
8921 N.W. 5TH STREET  
PEMBROKE PINES FL 33024  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SPERBER, VIRGINIA		1.2 NAME	2170 ROTH
STREET ADDRESS 7759 NORMANDY STREET		1.3 STREET ADDRESS	3300 N. STATE ROAD 7 BOX B 200
CITY-ST-ZIP MIRAMIR FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KINDORF, ANGELA		2.2 NAME	BRENE DANA
STREET ADDRESS 3905 SW 58TH TERRACE		2.3 STREET ADDRESS	1145 N.W. 40TH TERRACE
CITY-ST-ZIP W. HOLLYWOOD FL		2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARPENTER, OLIVE		3.2 NAME	HENRY VAL
STREET ADDRESS 1800 TAFT STREET SUITE 931		3.3 STREET ADDRESS	7740 N.W. 38TH ST.
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKENDRICK, KENNETH		4.2 NAME	
STREET ADDRESS 8921 N.W. 5TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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; the registration of this report is required by law; I execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an address that is my address.

SIGNATURE: Kenneth Mckendrick 1-30-97 954-432-2556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021457

CR2E037 (9/96)