

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 # 721968 (6)
1. Corporation Name
ASCENSION PEACE PRESBYTERIAN CHURCH OF LAUDERHILL, INC.

Principal Place of Business

**2701 N.W. 40TH AVENUE
LAUDERHILL FL 33313
US**

Mailing Address

**2701 N.W. 40TH AVENUE
LAUDERHILL FL 33313
US**



3. Date Incorporated or Qualified
10/29/1971

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

05-0037603

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOCKER, ALFRED
2701 N SR 7
LAUDERHILL FL 33313**

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	TRT	<input type="checkbox"/> DELETE
NAME	BLOCKER, ALFRED	
STREET ADDRESS	2983 NW 1ST ST	
CITY-ST-ZIP	POMPANO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BANKS, NAPOLEON	
STREET ADDRESS	3440 NW 5TH ST.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	CTRS	<input type="checkbox"/> DELETE
NAME	MEARVOL, ARMEN	
STREET ADDRESS	3425 NW 23RD CT	
CITY-ST-ZIP	LAUDERDALE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOYCE	
STREET ADDRESS	3870 N.W. 8TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	ALLEN, LULA	
STREET ADDRESS	5560 S.W. 8TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, VALRIE	
STREET ADDRESS	2761 S.W. 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONROE, CARMEN
3.3 STREET ADDRESS	3475 N.W. 23RD CT.
3.4 CITY-ST-ZIP	LAUDERDALE, FL 33311
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Alfred Blocker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

Daytime Phone #

CR2E037 (12/95)