

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ACCEPTED AND FILED

95 MAR 23 PH 12: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 727420 (2)

1. Corporation Name

HOLLYWOOD CHRISTIAN ASSEMBLY, INC.

Principal Place of Business

Mailing Address

116 S. 61 TERRACE
HOLLYWOOD FL 33023-1375

116 S. 61 TERRACE
HOLLYWOOD FL 33023-1375

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1973** 3a. Date of Last Report **02/28/1994**

4. FBI Number **59-2378813** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUZZOLO, ALFRED
5507 WATEROAK PLACE
TAMARAC FL 33319**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	FLAMMIA, MARY
STREET ADDRESS	7801 N.W. 11TH COURT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	SCARDINO, VINCENT
STREET ADDRESS	18310 NW 19 ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	KATSATIS, CARMEN
STREET ADDRESS	7520 LASALLE BLVD
CITY-ST-ZIP	MIRAMAR FL
TITLE	C
NAME	NUZZOLO, ALFRED
STREET ADDRESS	5507 WATEROAK PLACE
CITY-ST-ZIP	TAMARAC FL
TITLE	SD
NAME	PICINICH, SHARON
STREET ADDRESS	6841 SW 27 STREET
CITY-ST-ZIP	MIRAMAR FL
TITLE	D
NAME	DIGRAVINA, ANNA
STREET ADDRESS	1148 NW 108 TER
CITY-ST-ZIP	PEMBROKE PINES 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 110.07(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: *Sharon Picinich, Sharon Picinich*

1-305
3795-733-6621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month Year)