

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740540 (0)

1. Corporation Name
THE WORSHIP CENTER BAPTIST CHURCH, INC.



Principal Place of Business 11801 W. BROWARD BLVD. PLANTATION FL 33325	Mailing Address 11801 W. BROWARD BLVD. PLANTATION FL 33325-2427
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3. Date Incorporated or Qualified 09/23/1977	3a. Date of Last Report 04/05/1996
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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	29
25	30

4. FEI Number 59-1815552	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ISENBURG, WILLIAM S.
315 SE 7TH ST
FT LAUDERDALE FL 33301**

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: _____ DATE: **2/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLT, DAVID E	1.2 NAME	CARTER, JAMES
STREET ADDRESS	521 GETTYSBURG TERR	1.3 STREET ADDRESS	12221 TARA DR S
CITY-ST-ZIP	PLANTATION, FL 0	1.4 CITY-ST-ZIP	PLANTATION FL 33326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ERIC	2.2 NAME	SCHULTZ, RAYMOND
STREET ADDRESS	552 NW 97 AVENUE	2.3 STREET ADDRESS	3100 SW 117 AVE
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	DAVIE FL 33330
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENE, GRACE	3.2 NAME	ZARZYCKI, VICTOR
STREET ADDRESS	1960 SW 73RD AVE.	3.3 STREET ADDRESS	1070 NW 76 AVE
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION FL 33322
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ROBERT	4.2 NAME	
STREET ADDRESS	291 FLORIDA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINES, JIM	5.2 NAME	
STREET ADDRESS	914 N.W. 135 WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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 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: _____ DATE: **2/19/97** DAYTIME PHONE: **954-472-7917**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)