

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 # **741871** (8)

1. Corporation Name

REFRESHING SPRING CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2821 NW 15TH STREET
FORT LAUDERDALE FL 33311
US

2821 NW 15TH STREET
FORT LAUDERDALE FL 33311
US



3. Date Incorporated or Qualified
03/02/1978

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **2821 N.W. 15 ST.**

26 **P.O. Box 573**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X **\$8.75 Additional Fee Required**

22 City & State

27 City & State

23 **Ft. Land. FLA.**

28 **Ft. Land. FLA.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Zip

Country

25 Zip

Country

33311

Broward

33311

Broward

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

**BELLAMY, LARRY
5200 NW 14TH PLACE
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLAMY, LARRY	
STREET ADDRESS	5200 N.W. 14 PLACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BELLAMY, GEORGIE L	
STREET ADDRESS	5200 N.W. 14 PLACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DWIGHT	
STREET ADDRESS	2310 N.W. 32 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'CONNER, SHAR'RON	
STREET ADDRESS	3281 N.W. 18ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKELY, CHRISTINE	
STREET ADDRESS	3410 N.W. FIRST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES	
STREET ADDRESS	370 S.W. 27 TERR. A-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kugler, Delphia
1.3 STREET ADDRESS	300 NW 38 Ave
1.4 CITY-ST-ZIP	Ft. Land. FLA.
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 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:

Larry E. Bellamy

1/14/96

485-1782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)