## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

758036

(8)

COMMUNITY	<b>BAPTIST</b>	CHURCH	OF SOUTH	FLORIDA.	INC.
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Principal Place of Business Mailing Address					1 1041/1 1064/ 01/01 10/11 00/00 11/10 6/41 01/01 4/40/ 01/11 6/41/ 01/01 4/40/			
245 NE 18 S	TREET	245 NE 18 STREET						
HOMESTEAD		HOMESTEAD FL 33030	l					
US		US				3. Date Incorporated or Qualified 08/05/1981	3a. Date of 02/1	Last Report   <b>4/1995</b>
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number	1	Applied For
21		26				59-2157268		Not Applicable
Suite, Apt.:	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zıp	L C	ountry		8. This corporation has liability for in		ler s. 199.032,
24	25	29	30				Yes No	
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Re	gistered Agen	<u> </u>
50.00					Hairie			
	, stephen d. W. 8th Terrace			82	Street Ad	ldress (P.O. Box Number is Not Acceptable	)	
	TEAD FL 33030			83			1 1 - 114.	··· • ··· · · · · · · · · · · · · · · ·
				84	City		FL 85	Zip Code
or register	red agent, or both, in the State of Flori	da. Such change was authoriz	ed by the	bove-n corpo	amed corp	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changing	its registered office tered agent. I am
tamiliar wi SIGNATURE	th, and accept the obligations of, Sect				The Walder to the Control	.,		
12.	Signature typed or printed name of registered agent	and title if applicable (NC D DIRECTORS	III Register		signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE SOLD THE	CTODS IN 12
TITLE	D	DELETE		TITLE		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	WOODBURY, RONALD W.			NAME				ъ
STREET ADDRESS	245 N. E. 18TH STREET				ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL		14	CITY - S	r-ZIP			
TITLE	D	DELETE	2 1	TITLE			☐ Cha	inge 🔲 Addition
NAME	WHEELER, W. BRYAN		2.2	NAME				
S*REET ADDRESS	9721 BELAIRE DR.		2.3	STREET	ADDRESS			
C(TY-ST-ZIP	MIAMI FL		_	4 CITY - S	T-ZIP	<del></del>		
TITLE	D D	DELETE		TITLE			☐ Cha	inge 🔲 Addition
NAME CTOSELLADDOCCO	BOLING, STEPHEN D. 1762 N.W. 8TH TERRACE			NAME	ADDRESS			
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL			I CITY-S	ADORÉSS T-7IP			
TITLE	TOMESTERS TE	DELETE		TITLE	1 511		Cha	ange 🔲 Addition
NAMč		-		2 NAME			<del></del>	<del></del>
STREET ADDRESS			4.3	STREET	ADDRESS			
CHTY - ST - ZiP			4.4	CITY-S	r-zip			
TITLE		DELETE	5 1	TITLE			Ch:	ange 🔲 Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY-ST-ZIP		Filerieve		CITY-S	- 21P			····
TITLE		DELETE		TITLE			Chi	ange 🔲 Addition
NAME STOREST LONDSON				NAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP	and first that the information a malicular	Manager and the second	6.4	CITY-S	T-ZIP	for the control of th		

In 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), Fiorida 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 cath; 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, Fjorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | SCHATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. | Degrine Phone #

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