

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 ^{38-55-0-1854-XC}

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:43

DOCUMENT # 763601 (2)
1. Corporation Name
LAUDERDALE MANORS BAPTIST CHURCH TRUSTEES

Principal Place of Business Mailing Address
% REV. WILLIAM J. CAMPBELL
1122 NW 9TH AVE.
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1982	3a. Date of Last Report 04/14/1994
4. FEI Number 05-0054103	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CAMPBELL, REV. WILLIAM J.
1122 N.W. 9TH AVE.
1141 N.W. 8TH AVE.
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	PASCAL, GWENDOLYN
STREET ADDRESS	290 SW 31 AVE
CITY-ST-ZIP	FT LAUD, FL 00000
TITLE	TD
NAME	BROWN, RAINFORD
STREET ADDRESS	1122 NW 9TH AVE
CITY-ST-ZIP	FT LAUD, FL 00000
TITLE	P
NAME	CAMPBELL, REV. WILLIAM J.
STREET ADDRESS	1141 N.W. 8TH AVE.
CITY-ST-ZIP	FT LAUD, FL 00000
TITLE	DT
NAME	PARRISH, HATTIE
STREET ADDRESS	3440 NW 1ST ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	ROUNDTREE, EARNEST
STREET ADDRESS	1122 NW 9TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	DULCIO, ELLE MAE
STREET ADDRESS	924 NW 11TH PLACE
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TO Williams Mrs Gloria
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	DT Greaves (Parrish), Hattie
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	1430 NW 55 Ave
5.4 CITY-ST-ZIP	Lauderhill 33313
6.1 TITLE	☐ Change ☐ 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. William J. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1995

Daytime Phone #

763-7780