

FILE NOW: FILING FEE IS \$61.25

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May 01 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 # **763601** (2)
1. Corporation Name
LAUDERDALE MANORS BAPTIST CHURCH TRUSTEES



Principal Place of Business % REV. WILLIAM J. CAMPBELL 1122 NW 9TH AVE. FT LAUDERDALE FL 33311	Mailing Address % REV. WILLIAM J. CAMPBELL 1122 NW 9TH AVE. FT LAUDERDALE FL 33311-8223
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2. Principal Place of Business 21 % Rev. Lester L. Ward Suite, Apt. #, etc. 22 1122 N.W. 9th Ave City & State 23 Ft. Lauderdale, FL Zip Country 24 33311 25		2a. Mailing Address 26 % Rev. Lester L. Ward Suite, Apt. #, etc. 27 1122 N.W. 9th Ave City & State 28 Fort Lauderdale, FL Zip Country 29 33311 30		3. Date Incorporated or Qualified 06/08/1982	3a. Date of Last Report 04/17/1996
		4. FEI Number 05-0054103		<input checked="" type="checkbox"/> Applied For <input 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 type="checkbox"/> No			

8. 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 Rev. Lester L. Ward 82 Street Address (P.O. Box Number is Not Acceptable) 10631 N.W. 14th St. 83 # 225 84 City Plantation FL 85 Zip Code 33322			
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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 **Rev. Lester L. Ward** **Rev. Lester L. Ward**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCAL, GWENDOLYN	1.2 NAME	PH LESTER L. WARD
STREET ADDRESS	290 SW 31 AVE	1.3 STREET ADDRESS	10631 N.W. 14th St., # 225
CITY-ST-ZIP	FT LAUD, FL 00000	1.4 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD WILLIAMS, GLORIA	2.2 NAME	TD MARGENE H. REYNOLDS
STREET ADDRESS	1122 NW 9TH AVE	2.3 STREET ADDRESS	1138 Chatreau Park Drive
CITY-ST-ZIP	FT LAUD, FL 00000	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CAMPBELL, REV. WILLIAM J.	3.2 NAME	T Yvonne Thomas-Turnage
STREET ADDRESS	1141 N.W. 8TH AVE.	3.3 STREET ADDRESS	1440 N.W. 43rd TERRACE, Apt. # 102
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT GREAVES, HATTIE	4.2 NAME	
STREET ADDRESS	3440 NW 1ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROUNDTREE, EARNEST	5.2 NAME	T Hazim Ugdah
STREET ADDRESS	1430 NW 55 AVE	5.3 STREET ADDRESS	10413 N.W. 70th Street
CITY-ST-ZIP	LANDERHILL FL	5.4 CITY-ST-ZIP	TAMPA, FL 33321
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DULCIO, ELLE MAE	6.2 NAME	T DULCIO, ELLE MAE
STREET ADDRESS	924 NW 11TH PLACE	6.3 STREET ADDRESS	1517 N.W. 15th Ct.
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311

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: **Rev. Lester L. Ward** **Rev. Lester L. Ward**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034663

CR2E037 (9/96)