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

764439

(6)

1. Corporation		· (-)								
SHAKU	n Christian Church, in	IC.								
Principal Place of Business Mailing Address							, 018(1 1168 1)1152 1011 UI		91911 W1911 1991	
			I. HAVERHILL ROAD PALM BEACH FL 33417							
						3. Date Incorporated 08/05/1982	or Qualified 3	3a. Date of Last 05/01/19		
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	¬			E0-530406E			Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of State	us Desired	¥	Additional Required	
City & State	3	City & State				Election Campaign Trust Fund Contril		1	May Be	
Zip 24	Country 25	Zip	Gountry 30			This corporation has liability for intangible tax under s. 199 032, Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent			•	10. Name and Addre	ess of New Regist	ered Agent		
			1	Nar	ne					
WALLACE, W.R. 15281 COLLECTING CANAL RD				32 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)				
LOXAHATCHEE, FL NORTH PALM BEACH FL 33470			1	33						
				84 City FL 85 Zip Code						
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature typed or printed name of registered agen	ida. Such change was authoriz tion 617.0503, Florida Statutes	zed by the co	rporatio	n's board	of directors. I hereby a	ccept the appointme	or changing its rent as registered	egistered office agent. I am	
12.	OFFICERS AND DIRECTORS			go n o grico			NGES TO OFFICERS		PRS IN 12	
TITLE	PU	DELETE		13.)	*	☐ Change	Addition	
NAME	BLIFFEN, JACK M		1.2 NAN	1E	HI	MMELHED	ER, DAVE	DR.		
STREET ADDRESS	148 PINEWOOD CT		1.3 STA	1.3 STREET ADDRESS						
CITY-ST-ZIP	JUPITER FL			r-ST-ZIP	Ke	YAL PALM	BEACH, FL	38411		
TITLE	1D	DELETE	21711	Ε			·	Change	☐ Addition	
NAME	VAN CAMP, CHARLENE			¶E.						
STREET ADDRESS	3703-37TH WAY			EET ADDRE	ss					
CITY-ST-ZIP	W. PALM BEACH FL CD	Florier	2 4 CIT 3 1 TITL	Y - ST - ZIP						
TITLE								☐ Change	☐ Addition	
NAME	PARKER, DAVID A 17629 133 TRAIL N		3.2 NAM							
STREET ADORESS	JUPITER FL			EET ADDRE	ss					
CITY - ST - ZIP TITLE	voi ii eii i e	DELETE	3 4. CH	Y-ST-ZIP				☐ Change	Addition	
NAME			4 2 NA					E.J Olivings		
STREET ADDRESS				EET ADDRE	95					
CITY-ST-ZIP				-ST-ZIP	- I					
TITLE		DELETE	5 1 TiTL		-			☐ Change	Addition	
NAME		-	52 NAM					•		
STREET ADDRESS			53STR	EET ADDRE	ss					
CITY-ST-ZIP			54 CIT	r-ST-ZIP						
TITLE		DELETE	61 TITE		1			Change	Addition	
NAME			62 NAM	1E						
STREET ADDRESS			63 STR	eet addre	ss					
CITY-ST-ZIP			6.4 CIT	-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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/96 (407) 684-3876

CR2E037 (12/95)