f.	FILE NO	W: FILING F	EE IS \$61.25	T	TT Tr	D				
COF ANNU	ONPROFIT RPORATION JAL REPORT 1999		FLORIDA DEPAR Katherir Secretar DIVISION OF C	ne Hari y of Sta	Harris f State		FILED Jun 08, 1999 8:00 am Secretary of State			
DOCUI	MENT #	7709	48	7.34		!	00-08-1999	90001 01	15 *****01.2	is
Tes	on White Christ	Church Forda	- All Peof 3331	14 						
•_	wyth St,	Wall								
	derdale Flori	ida . 2 2711								
4)	ecryale From									
	N.W. 4th 5th	SChrist 2a. M	Tailing Address	tth 8	st .		3. Date Incorporated or Qualife	ed		
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.				4. FEI Number			Applicable
City & State	City & State City & State						5. Certificate of Status Desired		\$8.75 A Fee Rec	
zip 3 3 3 3	Country		p	-Соц 30	intry		6. Election Campaign Financin Trust Fund Contribution	- U	\$5.00 i Added to	•
	9. Name and Addres	s of Current Registe	ed Agent		81	Name	10. Name and Address of Nev	v Registered	I Agent	
		_					 			
	٨	IONE			82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
	/ •				83					
					84	City			85 Zip C	ode
11. Pursuant	to the provisions of Section	ons 617.0502 and 617	1508, Florida Statute	s, the a	bove	-named cor	poration submits this statement for the	ne purpose o	f changing its r	egistered
office or re agent. I a	egistered agent, or both, m familiar with, and acce	in the State of Florida. pt the obligations of, S	Such change was at ection 617.0503, Flor	ithorized ida Stat	d by i utes.	the corporat	tion's board of directors. I hereby acc	ept the appo	ointment as reg	istered
SIGNATURE	2		- NOTE:	Danietera	A A a a a a	t alanatura roqui	read when colnetely and	DATE	.	
12.	Signature, typed or printed name of	FICERS AND DIREC		13.	Ageni	i signature requii	red when reinstating) ADDITIONS/CHANGES TO 0		ND DIRECTOR	RS IN 12
TITLE	Pastor Hen		☐ DELETE	11TI	TLE	j			☐ Change	Addition
NAME	3716 S.W.1	ig Omith 1.7h S.I		1.2 N	AME					
STREET ADDRESS				1.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	Assistant Eln	e Florida	<u> 3331/</u>		TY-ST	-ZIP				
TITLE			☐ DELETE	2.1 TI					Change	Addition
NAME	3716 S.W.	16+45+		22 N		ADDRESS				
STREET ADDRESS	Pt. La. J. J.	والمعالم ا	7 331/		ITY-SI	- 1				
CITY-ST-ZIP TITLE	Secretary Very Allen	ie forma	☐ DELETE	3.1 TI		1-21			Change	Addition
NAME	Vera Allen			3.2 N	AME					
STREET ADDRESS	1101 NW 45	mave.		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	Ft. Lauderda		31/	_	ITY-S1	T-ZIP				
TITLE	Forler 12 1		DELETE	4.1 ∏					☐ Change	☐ Addition
NAME	Farlene L	inton		4. 2 N		4BBB500				
STREET ADDRESS	Ft. Lauderda	10+ 10 =1			IREET ITY-ST	ADDRESS				
CITY-ST-ZIP TITLE	1.1. Lunatraa	1 <u>T 11.</u>	☐ DELETE	5.1 TI					Change	Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP					TY-ST	- ZiP				Addition
TITLE			☐ DELETE	6.1 TI	ILE	I			Change	Addition 1

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Hony Smith
SIGNATURE and Typed on Printed Name of Signing Officer or Director

5/23 /99 (954)-327-3639