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 # C10449

(2)

Corporation Name														
LUDLAM CHRISTIAN CHURCH														
	LUDEM		WAT OHOHOU							A SERVICE LINE HARM BOTH BIRTH BIR		(a)	ANDER CHAIR AND I	
Principal Place of Business Mailing Address										1 - FROUIDDI INDI AIDI DOIM UMBA UMBA DI 1	II III IIII I	FOR BISH SISH	4181) 41811 188 1	
6790 S.W. 12TH ST. 6790 S.W. 12TH ST.														
MIAMI FL 33144 MIAMI FL 33144														
										3. Date Incorporated or Qualified	3a.	Date of Last	Report	
										10/01/1992		08/10/1		
2.	Principal Place of Business 2a. Mailing					g Address				4. FEI Number			Applied For	
21		26								59-1174899			Not Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22				27	 				U. Serimone of Clares Desired	U	Fee	Required		
22	City & State				City & State					6. Election Campaign Financing Trust Fund Contribution			O May Be	
23	Zφ		Country		Zip	Т	Count	rv			r intensible		d to Fees	
24		25 29 30				_		 8. This corporation has liability for intangible tax under s. 199. Florida Statutes Yes X No 				199.002,		
	9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
	81 Name									مثما جمدياليان	N			
DUNBAR, MINNIE H.							8	2 Street	Addres	ac Whorter Lois ss (P.O. Box Number is Not Accepta	able)			
6790 SW 12TH ST.									6.79	6 S.W. 12 St.				
	MIAMI FL	33144					8	3						
۰							8	4 City	1111	ami		85 Zi	p Code	
								-	W	iami	F	L 3	3144	
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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I berefy accept the appointment as registered agent.													egistered office Lagent, Lam	
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 Services.														
SI	GNATURE .	Lois	H. MacWho	rter		pul	L.[]	tecil	hos	when reinstating)		13/96_		
12	Signature, typed or printed name of registered agent and title if an icately (NOTE: R OFFICERS AND DIRECTORS						13.	jent eignature r	ednkeg A	ADDITIONS/CHANGES TO O	FEICERS AN	ND DIBECTO)RS IN 12	
TIT		PD	OT TOET	3111D DITEO	DELE	TE	1.1 TITLE		PD			Change	Addition	
NA.	ME	DUNBAR	, MINNIE H		~		1.2 NAM	E	Ma	cwharter, Lois A.		-		
SI	KEET ADDRESS		W 57TH ST.				1.3 STRE	ET ADDRESS	27	31 S.W. 99 Cti				
CIT	Y-ST-ZIP	MIAMI FI	33193				1.4 City		3	iami, FL 33165				
TIT		VD			DELE	TE	2.1 TITLE		VE)		Change	Addition	
NA.	ME	Zell, Be	VERLY L				22 NAM	E	Ma	c Whorter, Charles	L .			
ST	REET ADDRESS	8130 SW	/ 14TH TERR.				23 STRE	ET ADDRESS	17	71 SW 72 St. Apt. 3	24			
CIT	Y-SI-ZIP	MIAMI FI	33144				2 4 CiTY	-ST-ZIP		iam: FL 33173				
Tiz	.E	SD	200		≯ DELE	1E	3.1 TITLE		37			Change	Addition	
NA:	VE	CURTIS,					3.2 NAM	E	5n	nith, Mary Kay				
STI	REET ADDRESS		/ 74TH ST, #1				1	ET ADDRESS	67	26 SW 15 St.				
-	Y-ST-ZIP		FL 33143		Fine	TC	3.4. CITY		W.	<u>iami FL 33144</u>		T7 0	Pil Addition	
TH.		TD LAWDEN	ורב וח בו ובאי		DEFE	It	4.1 TITLE		1			Change	Addition	
NΑ			CE, JO ELLEN				4. 2 NAM							
l	KEE1 ADORESS	MIAMI FI	14TH TERR					ET ADDRESS		400000**	404	~ ~		
	Y-ST-ZIP	FS FS	. 00 144		DELE	TF.	4.4 CITY 5.1 TITLE	-ST-ZIP	ļ	<u>4000017</u> -03/18/9603	022	14	☐ Addition	
TIT			N, MARION		[-] DILLE					***61.25	ሀረረተግ	TiFilana	L. Addition	
NA CT	VE KEET ADDRESS		/ 5TH ST.				5.2 NAM	ET ADDRESS		****O1.CO				
l		MIAMI FI												
TIT	Y-S1-ZIP	(**************************************			DELE	TE	5.4 CITY 6.1 TITLE		 			Change	Addition	
l									I					
NA	VI I						6.2 NAM	٤						

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 chapged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

ois A. Mac Whorte 2/4/96