FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # C10449 (2)

1. Corporation Name

LUDLAM CHRISTIAN CHURCH

Principal Place of Business	Mailing Address
6790 S.W. 12TH ST. MIAMI FL 33144	6790 S.W. 12TH ST. MIAMI FL 33144

3. Date Incorporated or Qualified **10/01/1992**

4. FEI Number **59-1174899** — Applied For / Not Applicable

#	Field	
2.	Principal Place of Business	21
2a.	Mailing Address	26
	Suite, Apt. #, etc.	22
	Suite, Apt. #, etc.	27
	City & State	23
	City & State	28
	Zip	24	Country 25
	Zip	29	Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No *MA*

9. Name and Address of Current Registered Agent

MACWHORTER, LOIS A
6790 S.W. 12 ST.
MIAMI
MIAMI FL 33144

10. Name and Address of New Registered Agent

81	Name	*Charles MacWhorter*
82	Street Address (P.O. Box Number is Not Acceptable)	*8971 SW 72 St #324*
83		
84	City	*Miami*	FL	85 Zip Code *33173*

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 _____*Chris Mahluc.*_____ *Moderator* 1-25-98
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 PD	☒ DELETE		1.1 TITLE *PD*	☒ Change	☐ Addition
NAME MACWHORTER, LOIS A			1.2 NAME *Charles MacWhorter*		
STREET ADDRESS 3731 S.W. 99 CT..			1.3 STREET ADDRESS *8971 SW 72 St 324*		
CITY-ST-ZIP MIAMI FL 33165			1.4 CITY-ST-ZIP *Miami Fl. 33173*		
TITLE VD	☐ DELETE		2.1 TITLE *VD*	☒ Change	☐ Addition
NAME MACWHORTER, CHARLES L			2.2 NAME *Lawrence, Jo Ellen*		
STREET ADDRESS 8971 SW 72 ST. APT. 324			2.3 STREET ADDRESS *8130 SW 14 ter*		
CITY-ST-ZIP MIAMI FL 33173			2.4 CITY-ST-ZIP *Miami Fl. 33144*		
TITLE SD	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME SMITH, MARY KAY			3.2 NAME		
STREET ADDRESS 6726 SW 15 ST.			3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33144			3.4 CITY-ST-ZIP		
TITLE TD	☒ DELETE		4.1 TITLE *TD*	☐ Change	☒ Addition
NAME LAWRENCE, JO ELLEN			4.2 NAME *Karen MacWhorter*		
STREET ADDRESS 8130 SW 14TH TERR			4.3 STREET ADDRESS *3731 SW 99 Ct*		
CITY-ST-ZIP MIAMI FL 33144			4.4 CITY-ST-ZIP *Miami Fl. 33165*		
TITLE FS	☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME JOHNSON, MARION			5.2 NAME		
STREET ADDRESS 3201 SW 5TH ST.			5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155			5.4 CITY-ST-ZIP		
TITLE	☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____*Charles Mahluc.*_____ *Charles MacWhorter* 1-25-98 305-275-7537