

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000002495 (9)

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP CHURCH OF FT. LAUDERDALE, INC.



Principal Place of Business: C/O C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
Mailing Address: R.O. BOX 5866 FT. LAUDERDALE FL 33310-5866
1200 S. Pine Island Road PLANTATION, FL 33324

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report: 11/15/1995
4. FEI Number: 36-2916346
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	PAINE, PETER F	
STREET ADDRESS	2406 PEARSALL PARKWAY	
CITY-ST-ZIP	WAUKEGAN IL 60085-7033	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, EDWARD J JR	
STREET ADDRESS	3432 CHRISTOPHER CT.	
CITY-ST-ZIP	NORFOLK VA 23513	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAHN, RICK J	
STREET ADDRESS	2010 CRESCENT AVE.	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUNEMULLER, JAY B	
STREET ADDRESS	814 BELVIDERE ST. #1	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAND, RICHARD	
STREET ADDRESS	814 BELVIDERE RD. #4	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OTTOSON, JAMES F	
STREET ADDRESS	2639 8TH PARKWAY	
CITY-ST-ZIP	WAUKEGAN IL 60085	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAHN, RICK J
3.3 STREET ADDRESS	2010 CRESCENT AVE.
3.4 CITY-ST-ZIP	WAUKEGAN, IL 60085
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD TAYLOR, PATRICK A.
6.3 STREET ADDRESS	544 ARCHER AVENUE
6.4 CITY-ST-ZIP	WAUKEGAN, IL 60085

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: *Patrick A. Taylor* Patrick A. Taylor 2-7-96 (847) 336-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)