

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 37

DOCUMENT # **NO3758** (2)

1. Corporation Name  
**FAMILY BOOK CENTER, INC.**

Principal Place of Business Mailing Address  
**409 E. BROWARD BLVD. FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/19/1984</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FBI Number <b>59-2421080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**HAMILTON, REVEREND DAVID L.  
409 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent  
B1 Name **REV. MICHAEL JEFFRIES**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**409 E. BROWARD BLVD.**  
B3  
B4 City **FT. LAUDERDALE** FL B5 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Michael Jeffries* **MICHAEL JEFFRIES** Jan. 16, 1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>GILLETTE, ROBERT</b>
STREET ADDRESS	<b>402 SW 63 TERRACE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b>
NAME	<b>HATFIELD, LEE, J R.</b>
STREET ADDRESS	<b>212 S. VICTORIA PARK RD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>HAMILTON, DAVID L.</b>
STREET ADDRESS	<b>7160 NW 11 PLACE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>CASTEEL, SANDRA</b>
STREET ADDRESS	<b>1135 N RIO VISTA</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>MCCONNELL, M. C</b>
STREET ADDRESS	<b>8754 SW 51 STREET</b>
CITY-ST-ZIP	<b>COOPER CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>REV. MICHAEL JEFFRIES</b>
3.4 CITY-ST-ZIP	<b>409 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301</b>
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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)(b), 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 of this document, or on an attachment with an address.

SIGNATURE: *Michael Jeffries* **MICHAEL JEFFRIES** Jan. 16, 1995 305-527-6800  
Signature, typed or printed name of signing officer or director Date (Month/Year #)