

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.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **06/19/1984** 3a. Date of Last Report **03/29/1994**
4. FBI Number **59-2421080** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
81 Name **REV. MICHAEL JEFFRIES**
82 Street Address (P.O. Box Number is Not Acceptable) **409 E. BROWARD BLVD.**
83
84 City **FT. LAUDERDALE** FL 85 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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLETTE, ROBERT
STREET ADDRESS	402 SW 63 TERRACE
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	HATFIELD, LEE, J R.
STREET ADDRESS	212 S. VICTORIA PARK RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	HAMILTON, DAVID L.
STREET ADDRESS	7160 NW 11 PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CASTEEL, SANDRA
STREET ADDRESS	1135 N RIO VISTA
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	MCCONNELL, M. C
STREET ADDRESS	8754 SW 51 STREET
CITY-ST-ZIP	COOPER CITY FL
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	DIRECTOR
3.3 STREET ADDRESS	REV. MICHAEL JEFFRIES
3.4 CITY-ST-ZIP	409 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301
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 #)