FILE NOW: FILIN	NG FEE IS \$6.	1.25	
NONPROFIT CORPORATION	FLORIDA DEPAF	ARTMENT OF STATE	Ε
ANNUAL REPORT	Secreta	B. Mortham ary of State	
1996		CORPORATIONS	
DOCUMENT # N14813			
Coral Springs Bi	ible Minist	tries, In	ñc.
		•	
Principal Place of Business 7780 Wiles Rd.	Mailing Address	101	
Coral Springs, FL 33065	7780 Wiles Coral Sprin	KU.	
V 33065	7	\$ 3306	at Date incorporated or Qualified 3a. Date of Last Poport
2. Principal Place of Business	2a. Mailing Address		5. Date Incorporated or Qualified 5. Date of Last Report April 95 4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.		592655871 Applied For Not Applicable
City & State	27		5. Certificate of Status Desired \$8.75 Additional
23 Coral Springs, FL 2	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution
24 33065 25 Browned 19	Z _I p 3	Country 30	This corporation has liability for intangible tax under s. 199.032.
9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Registered Agent
Houchins, Konald W.	Ćς.	H	louchins, Ronald W. 1 Address (P.O. Box Number is Not Acceptable)
Suite 251		83	1711 SW 32.29 Tern.
Loral Springs, FL	-330US	84 City	
11. Pursuant to the provisions of Sections 617.0502 and or registered agent, or both, in the State of Florida. S	617.1508, Florida Statutes,		
SIGNATURE		y the corporation's r	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Signature, typed or printed name of registered agent and title 12. OFFICERS AND DIRE	e if applicable. (NOTE: R	Registered Agent signature red	DATE
IIII P/D	DELETE	13. 1.1 TITLE	DATE
STREET ADDRESS -7781 WILL 12 PL	m H 1	1.2 NAME 1.3 STREET ADDRESS	murphy, William H
DITY-ST-ZIP Coral Springs, FL	33015	1.4 CITY - ST - ZIP	Pembroke Pines, FL, 33025
NAME Eakin, Glenn M	DELETE	2.1 TITLE 2.2 NAME	Change Addition
CITY-ST-ZIP COVAL SOMINUS 17	33065	2.3 STREET ADDRESS	1
111LE 5/1/D	CIDELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Chance Class
STREET ADDRESS 6765 NW 75 Pla	3.0	3.2 NAME	☐ Change ☐ Addition
CITY-ST-ZIP Parkland, FL	Clocker	3.3 STREET ADDRESS 3.4. DITY-S1-ZIP	
NAME	L_JDELETE	4.1 TITLE 4. 2 NAME] Change Addition
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS	2000013433 ☐ Change ☐ Addition — -06/04/9601017044
CITY-ST-ZIP TITLE	Contra	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	***61.25
NAME	□ DELETE €	6.1 TITLE 6.2 NAME	Chambaddition
Street address City-S1-Zip	6	63 STREET ADDRESS	55G6
14. I do hereby certify that the information supplied with this t	filing is voluntarily furnished in	and does not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further urate and that my signature shall have the same level offert at the same level offert.
oath; that I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or on an att	 or supplemental annual report the receiver or trustee emportance and trustees. tachment with an address. 	ort is true and accura owered to execute th	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further urate and that my signature shall have the same legal effect as if made under this report as required by Chapter 617, Florida Statutes; and that my name
SIGNATURE: William H	Mund		
SIGNATURE AND TYPED OR PRINTED I	NAME OF SIGNING OFFICER PROT	RECTOR RECTOR	m. H. Murphy 5-21-96 (954) 431-64716