

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19749 (3)**

1. Corporation Name

**WEST LAUDERDALE BAPTIST CHURCH, INC.**

Principal Place of Business

C/O JAMES A. COX  
3601 DAVIE BLVD  
FT. LAUDERDALE FL 33312  
US

Mailing Address

~~C/O JAMES A. COX~~  
~~3601 DAVIE BOULEVARD~~  
~~FT. LAUDERDALE FL 33312~~  
~~US~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 *E. Scott Golden, Esq.*

27 *644 SE 4 Avenue*

28 *Fort Lauderdale, FL*

29 *33301* 30 *USA*

3. Date Incorporated or Qualified  
**03/19/1987**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-1035669**

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

COX, JAMES A  
3601 DAVIE BLVD  
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name *E. Scott Golden, Esq.*

82 Street Address (P.O. Box Number is Not Acceptable)  
*644 SE 4 Avenue*

83

84 City *Fort Lauderdale* FL 85 Zip Code *33301*

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

*E. Scott Golden*  
Signature, typed or printed name of registered agent and title if applicable

**E. SCOTT GOLDEN**

**2/27/96**  
DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COX, JAMES A  
STREET ADDRESS 3601 DAVIE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE ~~VPD~~  
NAME ~~HERRING, DAVID~~  
STREET ADDRESS ~~3601 DAVIE BLVD~~  
CITY-ST-ZIP ~~FT LAUDERDALE FL~~ ☒ DELETE

TITLE ~~SD~~  
NAME VANDENHOUTEN, JOSEPH L  
STREET ADDRESS 3601 DAVIE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE ~~TD~~  
NAME TANNER, JAMES  
STREET ADDRESS 3601 DAVIE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE ~~DT~~  
NAME ~~PICARRA, CARMEN~~  
STREET ADDRESS ~~3601 DAVIE BLVD~~  
CITY-ST-ZIP ~~FT LAUDERDALE FL~~ ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE **S**  
6.2 NAME **E. SCOTT GOLDEN**  
6.3 STREET ADDRESS **644 SE 4 Avenue**  
6.4 CITY-ST-ZIP **Fort Lauderdale, FL 33301** ☐ Change ☒ Addition

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:

*E. Scott Golden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96** (954) 764-6766  
Date Daytime Phone #

CRZE037 (12/95)