

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 # **N21712 (7)**
1. Corporation Name
WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.



Principal Place of Business: **12501 N.W. 21ST COURT MIAMI FL 33167**
Mailing Address: **12501 N.W. 21ST COURT MIAMI FL 33167**

3. Date Incorporated or Qualified: **07/27/1987**
3a. Date of Last Report: **02/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2826095	Applied For	
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
24				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, ROY 12501 N.W. 21ST COURT MIAMI FL 33167				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROY	1.2 NAME	
STREET ADDRESS	12501 NW 21ST CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HYACINTH	2.2 NAME	
STREET ADDRESS	12501 NW 21ST CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NADNE	3.2 NAME	
STREET ADDRESS	320 NW 149TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMON, SUSAN	4.2 NAME	
STREET ADDRESS	359 MERIDIAN AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LEROY	5.2 NAME	
STREET ADDRESS	19010 NW 8TH CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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: *Roy Johnson* **ROY JOHNSON PD** Date: **1/23/96** Daytime Phone #: **865-7511 Ex 341**

CR2E037 (12/95)