## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N21993

(3)

## NORTH POMPANO BAPTIST CHURCH HOLDING COMPANY

Principal Place of Business Mailing Address												
									411 <b>61611 6161</b> 1	8 I B II B I B I I (194)		
1101 NE 33 ST POMPANO BEACH FL 33064 US			1101 NE 33 ST STE 1 POMPANO BEACH FL 33064 US									
								3. Date Incorporated or Qualified 08/12/1987	3a. Date of Last Report 04/27/1995			
Principal Place of Business     The Principal Place of Business			2a. Mailing Address 26					4. FEI Number Applied For 59-0838095 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				ĺ	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of	Current Regis	gistered Agent					10. Name and Address of New Registered Agent				
					81	Name			-			
ROGERS, JOSEPH					82	Street	Address (P.O. Box Number is Not Acceptable)					
3151 NE 14 AVE POMPANO BCH FL 33064												
( 0 1011 7 11					84	City			FL	85 Zıç	o Code	
11 Durement t	to the provisions of Sections 6	17 0502 and 61	17 1508 Florida Statu	tes, the abo	ve-r	named or	ornorati	on submits this statement for the pur	nose of ch	anning its n	eaistered office	
or register	ed agent, or both, in the State th, and accept the obligations	of Florida. Suc	h change was authori	zed by the c	orpo	oration's	board	of directors. I hereby accept the app	ointment a	s registered	agent. I am	
SIGNATURE _	Signature, typed or printed name of regis	ered agent and tile if	acclicable /N	OTE Registered	Apen	nt signature r	required w	hen reinstafing)	DATE			
12.	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	DELETE	TE 1.1 TITLE						Change	Addition		
NAME	ROGERS, JOSEPH		1.2 h		1.2 NAME							
STHEET ADDRESS	3151 NE 14 AVE		1.3 \$		1.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BCH FL		Prilate est		T-ZIP	<b>!</b>			T Channa	Addition		
TITLE	VD		DELETE			1 TITLE				Change	Addition	
NAME	DOZIER, WILSON L				2 2 NAME							
STREET ADDRESS	4908 NE 2 WAY				2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		1					
CITY-ST-ZIP	POMPANO BEACH FL		TOELETE	2 4 C						Change	☐ Addition	
THILE		OU		3.2 N			TD	71-		AC anama		
NAME STREET ADDRESS	LAY, JACK 1312 SE 3 AVENUE		3 3 STREET AD				7, Jack					
CITY-ST-ZIP	DEERFIELD BEACH FL				3.4. CITY-ST-ZIP			12 SE 3 Avenue				
TITLE	DECIMILED DENOTITE				4.1 TITLE			erfield Beach FL		☐ Change	X Addition	
NAME				4. 2 NAME			SD	and a second an				
STREET ADDRESS				4.3 S	4 2 PTDEET ADDOCCC			Riche, Louis				
CITY-ST-ZIP				4.4 CITY-ST-ZIP			1	NE 44 Street				
TITLE				5 1 TITLE		POT	mpano Beach FL		Change	Addition		
NAME		5		52 N	5 2 NAME		1					
STREET ADORESS	s			5.3 ST		ADDRESS						
CITY-ST-ZIP				5.4 C	4 CITY - ST - ZIP							
TITLE			DELETE	6.1 T	6.1 TITLE					Change	Addition	
NAME				62 N	NAME							
STREET ADDRESS	ESS			6.3 S	6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP			<u></u>	the exemption stated in Section 119	07/01/4	Takala Osas	المراك		
1 4 4 1 - 1 - 1 - 1 - 1 - 1		wooliod with thi	a tilica ia valuntarily fu	rniched and	don	se not ou	calify for	the exemption stated in Section 119	LIVE AND E	nonna Stati	ues inriner	

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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 (954) 782-1672

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CR2E037 (12/95)