

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 20 1996 8:00 am  
Secretary of State

DOCUMENT # **N23043** (5)  
1. Corporation Name  
**FELLOWSHIP BIBLE CHURCH, INC. OF BROWARD COUNTY**

Principal Place of Business Mailing Address  
**531 CARRINGTON LN  
FT. LAUDERDALE FL 33326  
US** **531 CARRINGTON LANE  
FT. LAUDERDALE FL 33326  
US**

3. Date Incorporated or Qualified **10/15/1987** 3a. Date of Last Report **04/03/1995**  
4. FEI Number **65-0035679** 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

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

9. Name and Address of Current Registered Agent

**PALUZZI, AUGUST  
4635 WEST 8TH AVE.  
HIALEAH FL 33012**

**DELETE**

10. Name and Address of New Registered Agent

81 Name **BRINEGAR, Jim**  
82 Street Address (P.O. Box Number is Not Acceptable) **531 CARRINGTON LN.**  
83 **FT. LAUDERDALE, FL.**  
84 City **FL** 85 Zip Code **33326**

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 **Jim Brinegar** **Jim Brinegar** (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE **6/10/96**

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>PO</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>AUGUST, PALUZZI</b>     |  |
| STREET ADDRESS | <b>4635 WEST 8TH AVE,</b>  |  |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>          |  |
| TITLE          | <b>D</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BRINEGAR, JIM</b>       |  |
| STREET ADDRESS | <b>531 CARRINGTON LANE</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>   |  |
| TITLE          | <b>T</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HANSEN, JERRY</b>       |  |
| STREET ADDRESS | <b>1043 W. 67TH ST.</b>    |  |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>          |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                   |  |
|--------------------|-----------------------------------|--|
| 1.1 TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | <b>HANDELSMAN, MARY</b>           |  |
| 1.3 STREET ADDRESS | <b>18036 NW 63rd St.</b>          |  |
| 1.4 CITY-ST-ZIP    | <b>MIAMI, FLA. 33055</b>          |  |
| 2.1 TITLE          | <b>P, D BRINEGAR, Jim</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>531 CARRINGTON LANE</b>        |  |
| 2.3 STREET ADDRESS | <b>FT. LAUDERDALE, FLA. 33326</b> |  |
| 2.4 CITY-ST-ZIP    |                                   |  |
| 3.1 TITLE          | <b>D/T HANSEN, JERRY</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>1043 W. 67th St.</b>           |  |
| 3.3 STREET ADDRESS | <b>HIALEAH, FL.</b>               |  |
| 3.4 CITY-ST-ZIP    |                                   |  |
| 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)(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: **Jim Brinegar** **Jim Brinegar** **6/10/96** **(954) 384-0813**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
0000496

CR2E037 (3/96)