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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N25026

(8)

FIRST COMMUNIT	Y CHURCH	OF BROWARD	COUNTY.	INC.

Principal Plac	e of Business	Mailino	Address			<u> </u>	111 <b>810</b> 14 <b>0</b> 1011 01011 010ff 0	PARTI OLDAN IBOL
7613 DAVIE ROAD EXT. DAVIE FL 33024		7613 DA	7613 DAVIE ROAD EXT. DAVIE FL 33024-2623					
						3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last F 02/07/19	
¬ '''	Place of Business	├ <del></del> 1	ling Address			4. FEI Number 65-0170179	<del>                                      </del>	pplied For
21 Suite, Apt	# oto	26 Suit	e, Apt. #, etc.					ot Applicable Additional
22 Suite, Apr	#, BiC	27	e, Apr. #, bic.			5. Certificate of Status Desired		Additional equired
City & Stat	е		& State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Count	гу	8. This corporation has liability for in	ntangible tak under s	s. 199.032,
24	25	29		30			Yes V No	
	9. Name and Address of C	urrent Hegistered	Agent	8	1 Name	10. Name and Address of New Reg	Jistered Agent	<del></del>
HADOV	CAMUEL D				, value			
	SAMUEL P.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
DAVIE F	AVIE RD. EXT.			8	3			
DAVIE	L 33024							
				8	4 City		FL B5 Zip	Code
11. Pursuant	to the provisions of Sections 61	7.0502 and 617.15	508. Florida Stati	utes, the abo	ve-named cor	poration submits this statement for the pr	urgose of changing i	its registered
office or r	registered agent, or both, in the am familiar with, and accept the	State of Florida, S.	uch change was	s authorized l	by the comors	ation's board of directors. I hereby accep	t the appointment as	s registered
ayent ra		Obligations of, 360	.((())) 0 17.0303, [	Willia Statut	GS.			
SIGNATURE	Signature: typed or punted name of register	red agent and trie if appl	licable (NC	OfE: Registered A	gent signature requ	uired when reinstating)	DATE	
	Signature: typed or profed hame of register	red agent and trie if appl S AND DIRECTOR		OfE: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
12.	Signature: typed or profed hame of register							
12. TiflE	Signature: typed or punted have of register OFFICER		RS	13.			ERS AND DIRECTOR	
12. Tifle NAME	OFFICER  PD WARNER, DANIEL 3637 RIVERLAND ROAD		RS	13. 1.1 TITLE 1.2 NAM			ERS AND DIRECTOR	
12. Title Name Street address	OFFICER  PD  WARNER, DANIEL		RS DELETE	13. 1.1 TITLE 1.2 NAM	E ET ADDRESS		ERS AND DIRECTOR Change	
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**SIGNATURE** 

Mature and typed on Printed Name of Signing Stricer or Director

Helen C. HARDY 1/3/97

987-7050 Daytime Phone # 0023751

**FILED** 

Jan 23 1997 8:00am

Secretary of State