

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29606 (3)
1. Corporation Name
FORT LAUDERDALE CHRISTIAN REFORMED CHURCH

Principal Place of Business Mailing Address
**C/O WILLIAM G. VIS
6400 NW 31ST AVENUE
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1988** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-6141923** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, 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 25 Country 29 Zip 30 Country

8. Name and Address of Current Registered Agent

**SLAGER, WILLIAM
6400 NW 31ST AVE
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **Van Hofwegen, Robert**
82 Street Address (P.O. Box Number is Not Acceptable) **6400 NW 31st Ave.**
83
84 City **Ft. Lauderdale,** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert E. Van Hofwegen* **Robert E. Van Hofwegen** **4-25-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLAGER, WILLIAM
STREET ADDRESS	5510 SW 7TH ST
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	TANIS, WILSON
STREET ADDRESS	301 NE 51ST ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	HIETBRINK, JOHN
STREET ADDRESS	2100 NE 54TH CT
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	MEINES, DEAN
STREET ADDRESS	1020 SW 50TH TERRACE
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	GREENE, DAVID
STREET ADDRESS	3137 NW 69TH ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	BALFOORT, ROBERT
STREET ADDRESS	1040 NW 54TH AVE
CITY - ST - ZIP	COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Voorthuijsen, Karel
2.3 STREET ADDRESS	731 NW 65th Terr.
2.4 CITY - ST - ZIP	Margate, FL 33063
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Van Hofwegen, Robert
3.3 STREET ADDRESS	6400 N.W. 31st Ave.
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'Brien, Frank
4.3 STREET ADDRESS	3330 NW 65th St.
4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elzinga, Gregory
5.3 STREET ADDRESS	101 Gardens Dr., #106
5.4 CITY - ST - ZIP	Pompano Beach, FL 33069
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Clay, Roy
6.3 STREET ADDRESS	20681 Bay Brooke Ct.
6.4 CITY - ST - ZIP	Boca Raton, FL 33498

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 118.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. Van Hofwegen* **Robert E. Van Hofwegen** **4-25-95** **305 - 971-3050**
Signature and typed or printed name of signing officer or director Date Daytime Phone #