

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



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

3. Date Incorporated or Qualified: **12/07/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 6400 NW 31st Ave.**
22 City & State: **23 Ft. Lauderdale, FL**
24 Zip: **33309**
25 County: **Broward**
2a. Mailing Address: **26 6400 NW 31st Ave.**
27 City & State: **28 Ft. Lauderdale, FL**
29 Zip: **33309**
30 County: **Broward**

4. FEI Number: **59-6141923**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **VAN HOSWEGEN, ROBERT, 6400 BW 31ST AVENUE, FT. LAUDERDALE FL 33309**
10. Name and Address of New Registered Agent: **81 Name: Van Hofwegen, Robert; 82 Street Address: 6400 NW 31st Ave.; 84 City: Ft. Lauderdale, FL; 85 Zip Code: 33309**

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: *Robert E. Van Hofwegen*
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAGER, WILLIAM	1.2 NAME	
STREET ADDRESS	5510 SW 7TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VOORTHUIJSEN, KAREL	2.2 NAME	
STREET ADDRESS	731 NW 65TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOFWEGEN, ROBERT	3.2 NAME	
STREET ADDRESS	6400 N.W 31ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, FRANK	4.2 NAME	
STREET ADDRESS	3330 NW 65TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELZINGA, GREGORY	5.2 NAME	Director
STREET ADDRESS	101 GARDENS DRIVE #106	5.3 STREET ADDRESS	Elzinga, Gregory
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	43 W. Coconut Dr.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, ROY	6.2 NAME	Lake Worth, FL 33467
STREET ADDRESS	20681 BAY BROOKE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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: *Robert E. Van Hofwegen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3-20-96** (954) 971-3050
Daytime Phone #

CR2E037 (12/95)