FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



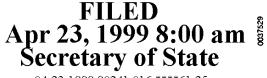
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N31962 1. Corporation Name

COMMUNITY WORSHIP CENTER, INC.



04-23-1999 90241 016 ****61.25

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Principal Place of Business Mailing Address						-				
7500 NW 14TH STREET 7500 NW 14TH PLANTATION FL 33313 PLANTATION FL US										
2. Principal Pi	2a. Mailing Address	ing Address				3. Date Incorporated or Qualifed				
21		26								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
22	·	27				05-012045	۷	e o		
City & State		City & State				5. Certificate of Status Desired Fee Required				
Zip	Country	Zip	Cou	intry	·	6. Election Cami	naign Financing	•		
24	25]	29 30				Trust Fund Contribution			Added to Fees	
24	9. Name and Address of Current	<u> </u>		T		10. Name and A	ddress of New Regis	stered Agent		
				81	Name /	UPAN A	201-0			ľ
DEID BVD	ON	•		92			er is Not Accentable)			
REID, BYRON 7500 NW 14TH STREET				62	Oligat Modic		Ci io rioi riocopiazio,			
15 PLANTATION FL 33313				83	7,500	11.1	114 Th C	Rear		
	• •	•		94	Citro	N W	19	95	Zio C	ode
	#156 T			1 1	150	MV91102	•	FLI	1342	: 13 1
11. Pursuant office or reagent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the college of	ons or, Section 617.0303, Plock	Ja Stat	.u.105.	3. Date Incorporated or Qualifed 04/26/1989 4. FEI Number 65-0120432					
	Signature, typed or printed name of registered agent		tegistered	d Agent	signature required	when reinstating)			RECTOR	S IN 12
12.	OFFICERS AND	DELETE	-	m c	- 	ADDITIONS/OF	TIANGEO TO OTT TOL			
TITLE	PD	L DELETE						.,		_
NAME	REID, BYRON				ADDDECC					
STREET ADDRESS	7500 NW 14TH ST									
CITY-ST-ZIP	PLANTATION FL 33313 SD	☐ DELETE	2.1 T		·2F				hange	Addition
TITLE			2.2 N							
NAME	Purrier, Benerly 4510 NW 36 ST				ADDRESS					\
STREET ADDRESS	LAUDERDALE LAKES FL				1					
CITY-ST-ZIP	T	☐ DELETE	3.1 T	_		,			hange	☐ Addition
NAME	HYMAN, TAYLOR		3.2 N	AME						[
STREET ADDRESS	7500 NW_14TH_ST		3.3 \$	TREET	ADDRESS				•	Ì
CITY-ST-ZIP	SUNRISE FL	~ <u>~</u> .	3.4.0	CITY-S1	T-ZIP	به ی _ه ها				^===
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NAME			4.21	AME						
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NAME	·				ADDDEDO					ļ
STREET ADDRESS			6.3 5	IKEE	MUDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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, with all other like empowered.

SIGNATURE: