

FILE NOW: FILING FEE IS \$61.25

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90016 035 ****61.25

0039372

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39116

1. Corporation Name

WEST BROWARD COUMMUNITY CHURCH, INC.

Principal Place of Business

17950 GRIFFIN ROAD
FT LAUDERDALE FL 33331
US

Mailing Address

17950 GRIFFIN RD
#117
FT LAUDERDALE FL 33331
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/16/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0003124

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANKHEET JAMES K
5651 THORNBLUFF AVENUE
DAVIE FL 33331

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

James K. Lankheet **James K. Lankheet**

5-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
LANKHEET, JAMES K.
STREET ADDRESS **5651 THORNBLUFF AVE.**
CITY-ST-ZIP **DAVIE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD**
COLVIN, TOM
STREET ADDRESS **2664 W ORCHARD CIR**
CITY-ST-ZIP **DAVIE FL 33328**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD**
BEIDLER, JOHN
STREET ADDRESS **741 S.W. 158TH LANE**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
MILLER, LOIS
STREET ADDRESS **13200 SW 33RD COURT**
CITY-ST-ZIP **DAVIE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☒ DELETE

NAME **D**
CORREA, SYLVIA
STREET ADDRESS **6976 SW 1148 LN**
CITY-ST-ZIP **DAVIE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

James K. Lankheet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James K. Lankheet **5-18-99**

Date

Daytime Phone #

CR2E037 (11/98)

954-
434-
7569