

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

93 MAR 15 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N41970

(7)

1. Corporation Name

THE CARPENTER'S WORKSHOP, WESTSIDE CHURCH OF THE  
NAZARENE, INC.

Principal Place of Business

Mailing Address

10800 SW 57TH PLACE  
FORT LAUDERDALE FL 33328  
US

10800 SW 57TH PLACE  
FORT LAUDERDALE FL 33328  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0205676

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATSON, LUTHER S.~~ ROBERTS, JOSEPH  
10800 SW 57TH PLACE  
FORT LAUDERDALE FL 33328

81 Name

JOSEPH ROBERTS

82

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

83

84 City

FL

85 Zip Code

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

JOSEPH ROBERTS, JOSEPH ROBERTS

10 MAR 95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

UNGERBUEHLER, RICHARD

STREET ADDRESS

201 SW 62ND TERRACE

CITY-ST-ZIP

PLANTATION FL

TITLE

D

NAME

BRAMAN, MICHAEL

STREET ADDRESS

8997 W. SUNRISE BLVD

CITY-ST-ZIP

PLANTATION FL

TITLE

D

NAME

TRISSEL, MICHAEL

STREET ADDRESS

1811 SW 29 AVE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

D

NAME

ROBERTS, JOSEPH

STREET ADDRESS

10800 SW 57TH PLACE

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

JOSEPH ROBERTS, JOSEPH ROBERTS, TREASURER, 10 MAR 95 (305) 434-7317

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)