

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41970** (7)

1. Corporation Name  
**THE CARPENTER'S WORKSHOP, WESTSIDE CHURCH OF THE NAZARENE, INC.**



Principal Place of Business: 10800 SW 57TH PLACE, FORT LAUDERDALE FL 33328 US  
Mailing Address: 10800 SW 57TH PLACE, FORT LAUDERDALE FL 33328 US

3. Date Incorporated or Qualified: 02/05/1991  
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0205676  
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: WATSON, LUTHER S., 10800 SW 57TH PLACE, FORT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent: J. H. ROBERTS, 10800 SW 57 PLACE, FT LAUDERDALE, FL 33328

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: J. H. ROBERTS, DATE: 25 MAR 96

12. OFFICERS AND DIRECTORS

TITLE	D	UNGERBUEHLER, RICHARD	<input type="checkbox"/> DELETE
NAME		201 SW 62ND TERRACE	
STREET ADDRESS		PLANTATION FL	
CITY-ST-ZIP			
TITLE	D	BRAMAN, MICHAEL	<input checked="" type="checkbox"/> DELETE
NAME		8997 W. SUNRISE BLVD	
STREET ADDRESS		PLANTATION FL	
CITY-ST-ZIP			
TITLE	D	TRISSEL, MICHAEL	<input type="checkbox"/> DELETE
NAME		1811 SW 29 AVE	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	D	ROBERTS, JOSEPH	<input type="checkbox"/> DELETE
NAME		10800 SW 57TH PLACE	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: [Signature] Treasurer, DATE: 3-13-96 (954) 434-7317

CR2E037 (12/95) 3-29-1996