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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N46494

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CIDOT	DADTIOT	CHIDCH	OF WEST	CORAL	SPRINGS,	INC.
HHST	BAPHST	CHURCH	OF WEST	CONAL	orningo,	IIIO.

Mailing Address Principal Place of Business 1901 CORAL RIDGE DR 1901 CORAL RIDGE DR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 06/02/1995 12/16/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0299652 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Ζiρ Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent <u>B1</u> Name Street Address (P.O. Box Number is Not Acceptable) WHITLATCH, JAMES DR 1901 CORAL RIDGE DR 83 CORAL SPRINGS FL 33071 Zip Code 85 84 City

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 <sub>-,</sub>	Signature, typed or printed name of registered againt and title	if applicable. (NOT	E- Registered Agent signature required	when reinstating) DATE
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addi
AME	HANDY, ED		1.2 NAME	
TREET ADDRESS	1961 CORAL RIDGE DR		1.3 STREET ADDRESS	
ITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST-2IP	
TLE	D	□DELETE	2.1 TITLE	☐ Change ☐ Add
AME	GOODWIN, PHIL		2.2 NAME	
TREET ADDRESS	4303 NW 74 DRIVE		2.3 STREET ADDRESS	
HTY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY - ST-ZIP	
TIT-SI-ZIF	D CONTEST NINGS I E	DELETE	3.1 TITLE	☐ Change ☐ Add
AME	PORCH, RANDY		3.2 NAME	
TREET ADDRESS	11021 NW 43 CT		33 STREET ADDRESS	
STY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY - ST - ZIP	
MLE	D D	DELETE	4.1 TITLE	Change Add
IAME	RITTER, ROLAND		4. 2 NAME	
TREET ADDRESS	11523 NW 35 STREET		4.3 STREET ADDRESS	
SITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY - ST - ZIP	
111-51-21P 11LE	CONT. SPRINGS IL	DELETE	5.1 TITLE	Change Ado
IAME			5.2 NAME	
			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE	6.1 TITLE	Change Add
		<del></del>	6.2 NAME	
NAME OTOECT ADDRESS			6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY - ST - ZIP	
CITY - ST-ZIP			B.4 O.1. 01 E.1	Cartan 110 07(2)/ld Florida Statutos I furt

14. Ido 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 certify 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:

(954)345-6553