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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47004 (9)

1. Corporation Name

WLBC CABLE MINISTRIES, INC.

Principal Place of Business

3601 DAVIE BOULEVARD
FORT LAUDERDALE FL 33312

Mailing Address

P.O. BOX 292765
DAVIE FL 33329-2765



3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 6221 NW 17 Ct.

Suite, Apt. #, etc.

22 City & State
Sunrise, FL

23 Zip
33313

24 Country
USA

2a. Mailing Address

26 P.O. Box 551385

Suite, Apt. #, etc.

27 City & State
Ft. Lauderdale, FL

28 Zip
33355-1385

29 Country
USA

4. FEI Number

65-0339452

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDEN, E. SCOTT
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME EMORY, BRYAN
STREET ADDRESS 8414 NW 26TH PLACE
CITY-ST-ZIP SUNRISE FL

TITLE D
NAME VANDERHOUTEN, LEBERT
STREET ADDRESS 2341 SW 46 AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE T
NAME JONES, CLARA
STREET ADDRESS 11358 SW 12TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE P
NAME LOPEZ, MICHAEL F.
STREET ADDRESS 1400 ST. CHARLES PLACE #510
CITY-ST-ZIP PEMBROKE PINES FL

TITLE S
NAME WOODALL, PATRICIA
STREET ADDRESS 1960 SW 56 AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE D
NAME CARPENTER, MARILYN
STREET ADDRESS 3512 SW 12 COURT
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE President
4.2 NAME Lopez, Michael, F.
4.3 STREET ADDRESS 6221 NW 17 Ct.
4.4 CITY-ST-ZIP Sunrise, FL 33313

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Clara Jones, Clara Jones, Treasurer 1/9/97 954 473-5438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037524

CR2E037 (9/96)