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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 Sunrise, FL 33313  
2a. Mailing Address: 26 P.O. Box 551385 Suite, Apt. #, etc. 27 Ft. Lauderdale, FL 33355-1385  
23 Sunrise, FL 33313 Country: USA  
29 33355-1385 30 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

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	DELETE
NAME	EMORY, BRYAN	
STREET ADDRESS	8414 NW 26TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	DELETE
NAME	VANDERHOUTEN, LEBERT	
STREET ADDRESS	2341 SW 46 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	T	DELETE
NAME	JONES, CLARA	
STREET ADDRESS	11358 SW 12TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	DELETE
NAME	LOPEZ, MICHAEL F.	
STREET ADDRESS	1400 ST. CHARLES PLACE #510	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	DELETE
NAME	WOODALL, PATRICIA	
STREET ADDRESS	1960 SW 56 AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	DELETE
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	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	President	
4.3 STREET ADDRESS	Lopez, Michael, F.	
4.4 CITY-ST-ZIP	6221 NW 17 Ct. Sunrise, FL 33313	
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 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

CR2E037 (9/96)