

FILE NOW: FILING FEE IS \$61.25

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**Jan 29 1996 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/27/1992	3a. Date of Last Report 02/02/1995
4. FEI Number 65-0339452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMORY, BRYAN	
STREET ADDRESS	8414 NW 26TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERHOUTEN, LEBERT	
STREET ADDRESS	2341 SW 46 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, CLARA	
STREET ADDRESS	11358 SW 12TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ, MICHAEL F.	
STREET ADDRESS	1400 ST. CHARLES PLACE #510	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODALL, PATRICIA	
STREET ADDRESS	1960 SW 56 AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> 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		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Clara Jones, Treasurer* **1/23/96** **954-791-8210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)