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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47004** (9)

1. Corporation Name

**WLBC CABLE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

6221 NW 17TH COURT  
SUNRISE FL 33313  
US

PO BOX 551385  
FORT LAUDERDALE FL 33355-1385  
US

3. Date Incorporated or Qualified

**01/27/1992**

4. FEI Number

**65-0339452**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **6221 NW 17TH COURT**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

*Clara Jones*

*1/23/98*

*(954) 473-5438*

CR2E037 (10/97)