

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:39

DOCUMENT # **N47093** (2)
1. Corporation Name
FORT LAUDERDALE CHRISTIAN CENTER MINISTRIES, INC

Principal Place of Business Mailing Address
14 NW 14 AVE.
FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1992** 3a. Date of Last Report **01/21/1994**
4. FEI Number **65-0309573** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent
MCBRIDE, WILLIE J. REV.
14 NW 14 AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, WILLIE JAMES	1.2 NAME	
STREET ADDRESS	14 NW 14TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ALTHEA	2.2 NAME	
STREET ADDRESS	14 NW 14TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSEMARY, NEELY	3.2 NAME	
STREET ADDRESS	1231 NW 15TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CHARLES	4.2 NAME	
STREET ADDRESS	1608 NW 8TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, DOROTHY	5.2 NAME	
STREET ADDRESS	1608 NW 8TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 resolver 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: Willie James McBride Althea James McBride 1-18-95 760-41032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Printed)