


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 OCT -3 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business 904 N W 6 ST FT LAUDERDALE FL 33322 US	Mailing Address 10670 NW 28TH PLACE SUN RISE FL 33322-1067 US
--	---

3. Date Incorporated or Qualified 01/30/1992	3a. Date of Last Report 07/08/1996
--	--

2. Principal Place of Business 21 4301 NW 6 CT Suite, Apt. #, etc. 22 City & State 23 Plantation FL Zip 24 33317 Country 25 Broward	2a. Mailing Address 26 4301 NW 6 CT Suite, Apt. #, etc. 27 Plantation City & State 28 Plantation FL Zip 29 33317 Country 30 Broward	4. FEI Number 65-0309573 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" 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
---	--	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBRIDE, WILLIE J REV
10670 NW 28TH PLACE
SUN RISE FL 33322**

81 Name Willie J. McBride
82 Street Address (P.O. Box Number is Not Acceptable) 4301 NW 6 CT
83 100002315451--0 -10/08/97-01110-010 *****70.0FL**1558190
84 City Plantation

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-97

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME MCBRIDE, WILLIE JAMES	
STREET ADDRESS 10670 NW 28TH PLACE	
CITY-ST-ZIP SUNRISE FL	
TITLE V	<input type="checkbox"/> DELETE
NAME MCBRIDE, ALTHEA	
STREET ADDRESS 10670 NW 28TH PLACE	
CITY-ST-ZIP SUNRISE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ROSEMARY, NEELY	
STREET ADDRESS 1231 NW 15TH AVE.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SURLOCK, EDWARD	
STREET ADDRESS 1830 S W 44 AVE APT 1	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SCURLOCK, CASSANDRA	
STREET ADDRESS 1830 S W 44 AVE APT 1	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Willie J McBride	
1.3 STREET ADDRESS 4301 NW 6 CT	
1.4 CITY-ST-ZIP Plantation FL 33317	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Altheria McBride	
2.3 STREET ADDRESS 4301 NW 6 CT	
2.4 CITY-ST-ZIP Plantation FL 33317	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DOROTHY Walker	
3.3 STREET ADDRESS 4124 SW 21st St	
3.4 CITY-ST-ZIP #S	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Charel Walker	
4.3 STREET ADDRESS 4124 SW 21st St	
4.4 CITY-ST-ZIP #S	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Edward A. Scurlock	
5.3 STREET ADDRESS 4124 SW 21st St	
5.4 CITY-ST-ZIP #S	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E037 (9/96)

7-28-97