

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N48839** (7)  
1. Corporation Name  
**THE FLORIDA INSTITUTE OF RELIGIOUS STUDIES, INC.**



Principal Place of Business Mailing Address  
**1400 E. OAKLAND PARK BLVD.  
SUITE 205  
FT LAUDERDALE FL 33334** **3831 N.W. 102 AVE.  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **05/11/1992** 3a. Date of Last Report **07/26/1995**  
4. FEI Number **65-0380509** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
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 **1400 E Oakland PK Blvd** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 210** 27  
City & State City & State  
23 **Ft. Laud. FL.** 28  
Zip Country Zip Country  
24 **33334** 25 29 **30**

9. Name and Address of Current Registered Agent

**CLEVELAND, JOHN  
3831 N.W. 102 AVE.  
CORAL SPRINGS FL 33065**

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 ☐ DELETE  
NAME **D CLEVELAND, JOHN R**  
STREET ADDRESS **3831 NW 102 AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL**  
TITLE ☐ DELETE  
NAME **D BRIMBERRY, ALEXIS C**  
STREET ADDRESS **300 CITY VIEW**  
CITY-ST-ZIP **FT. LAUDERDALE FL**  
TITLE ☐ DELETE  
NAME **D CLEVELAND, SUSAN**  
STREET ADDRESS **3831 N.W. 102 AVE.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**610-96**

**(954) 566-6366**

Date

Daytime Phone #

CR2E037 (3/96)