

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N50193 (4)

1. Corporation Name

CHRISTIAN WORSHIP CENTER OF FT. LAUDERDALE, INCO
RPORATED

Principal Place of Business

Mailing Address

3810 SW 2ND CT.
MELROSE PARK COMM HOUSE
FT. LAUD FL 33312
US

PO BOX 100548
FT. LAUD FL 33310
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1992

3a. Date of Last Report

07/11/1994

4. FEI Number

65-0455878

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4180 S.W. 11ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Plantation, Florida

27

City & State

City & State

23

28

Zip

Country

24 33317

25

Country

29

Zip

Country

26

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

USTICK, SCOTT F.
840 NW 48TH AVE
FT. LAUDERDALE FL 33311

81 Name Scott Francis Ustick

82 Street Address (P.O. Box Number is Not Acceptable)

4180 S.W. 11ST

83

84 City Plantation

FL

85 Zip Code 33317

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

Scott Ustick

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

NOTE: Registered Agent signature required when reappointing

DATE

4-14-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

USTICK, PASTOR SCOTT F

STREET ADDRESS

840 NW 38TH AVE.

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

S

NAME

WILLIAMS, WINSTON J.

STREET ADDRESS

1081 ALABAMA AVE.

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

TVP

NAME

USTICK, DONNA TAYLOR

STREET ADDRESS

840 NW 38TH AVENUE

CITY-ST-ZIP

FORT LAUDERDALE FL

TITLE

T

NAME

ALEXANDER, ALAN D.

STREET ADDRESS

840 NW 38TH AVE.

CITY-ST-ZIP

FT. LAUD FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

D/TR

☒ Change ☐ Addition

1.2 NAME

USTICK Pastor Scott F

1.3 STREET ADDRESS

4180 S.W. 11ST

1.4 CITY-ST-ZIP

Plantation, FL.

2.1 TITLE

SITR/PT

☒ Change ☐ Addition

2.2 NAME

Debbie Campbell

2.3 STREET ADDRESS

4180 S.W. 11ST

2.4 CITY-ST-ZIP

Plantation

3.1 TITLE

VP/TR

☒ Change ☐ Addition

3.2 NAME

USTICK, Donna Taylor

3.3 STREET ADDRESS

4180 S.W. 11ST

3.4 CITY-ST-ZIP

Plantation FL.

4.1 TITLE

TR

☒ Change ☐ Addition

4.2 NAME

Alexander, Alan D.

4.3 STREET ADDRESS

840 NW 38th Ave

4.4 CITY-ST-ZIP

Fort Land. FL.

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)(b), 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:

Scott Francis Ustick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-14-95 305-722-0507

Daytime (Phone #)