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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000000825 (0)

1. Corporation Name

PEMBROKE PARK CHURCH OF CHRIST, BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1215 KASIM ST. OPA LOCKA FL 33054	1215 KASIM ST. OPA LOCKA FL 33054-3063

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business	2a. Mailing Address
21 3707 S.W. 56 AVE PEMBROKE PARK, FL 33023	26 PEMBROKE PARK, FL 33023
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PARK FL	28 City & State: PEMBROKE PARK FL
24 Zip: 33023 25 Country: USA	29 Zip: 33023 30 Country: USA

4. FEI Number: 65-0394118 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EVANS, LAURIE P 328 MINORCA AVE. CORAL GABLES FL 33134	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] 3-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FINCH, ROY		1.2 NAME		
STREET ADDRESS	17201 N.W. 41ST AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, HERBERT		2.2 NAME		
STREET ADDRESS	2940 N.W. 174TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, SAMUEL		3.2 NAME		
STREET ADDRESS	17921 N.W. 43RD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNARD, LARRY		4.2 NAME		
STREET ADDRESS	1215 KASIM ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPIVEY, PRENTISS C		5.2 NAME		
STREET ADDRESS	1711 NW 195TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Larry D. Barnard LARRY D. BARNARD 3-10-97 305-626-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024954