

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003965 (1)**

1. Corporation Name

**POMPANO CHRISTIAN CLERGYMEN COUNCIL, INC.**

Principal Place of Business

Mailing Address

**2390 NW 12TH CT  
POMPANO BEACH FL 33069**

**2390 NW 12TH CT  
POMPANO BEACH FL 33069**



3. Date Incorporated or Qualified

**08/31/1993**

3a. Date of Last Report

**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, DANIEL  
2601 NW 13TH ST  
POMPANO BEACH FL 33060**

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 **DP** ☒ DELETE

NAME **STANLEY, ROBERT C**

STREET ADDRESS **2390 NW 12TH CT**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DV** ☒ DELETE

NAME **SAMPLE, OTIS**

STREET ADDRESS **3337 NW 21ST ST**

CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **DS** ☐ DELETE

NAME **JOHNSON, GROVER L JR**

STREET ADDRESS **441 NW 7TH TER**

CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DT** ☐ DELETE

NAME **WILSON, FRED E**

STREET ADDRESS **1261 NW 24TH AVE**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ DELETE

NAME **MILLER, DANIEL**

STREET ADDRESS **2601 NW 13TH ST**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ DELETE

NAME **HILL, A M**

STREET ADDRESS **2380 NW 3RD ST**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition

1.2 NAME **DIXON, PERCY M**

1.3 STREET ADDRESS **5115 N.W. 42nd.AVE.**

1.4 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

2.1 TITLE **DV** ☐ Change ☒ Addition

2.2 NAME **RUDOLPH, WINSTON**

2.3 STREET ADDRESS **3622 N.W. 34th. ST.**

2.4 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

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

**D  
WIGGINS, AARON  
2961 N.W. 7th. ST.  
POMPANO BEACH FL 33069**

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: *Grover L Johnson Jr*

GROVER L JOHNSON JR

4-24-96

954-782-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)