

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000494 (4)

1. Corporation Name
BAPTIST CHRISTIAN ASSEMBLY, INC.



Principal Place of Business: 3625 N.W. 31 AVE. FORT LAUDERDALE FL 33311
Mailing Address: 1817 N.W. 15 ST. FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report: 11/21/1995

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		29	
25		30	

4. FEI Number	Applied For
65-0457385	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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			
DESIR, ESTANGEL 1817 N.W. 15 ST. FORT LAUDERDALE FL 33311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Estangel Desir* DATE: 4/1/96
Signatures, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR, ESTANGEL		1.2 NAME				
STREET ADDRESS	1817 NW 15TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANFAN, JOHN		2.2 NAME				
STREET ADDRESS	951 E. DAYTON CIRCLE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABASTILLE, AMOSE		3.2 NAME				
STREET ADDRESS	3333 S.W. 15TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JNCLAUDE, WILFRID C		4.2 NAME	Wilfrid C. JN. Claude			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1131 N.E. 15TH STREET		4.3 STREET ADDRESS	1064 Carolina Ave			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		4.4 CITY-ST-ZIP	Fort-Laud Fla 33312			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Jesola Content			
STREET ADDRESS			5.3 STREET ADDRESS	3333 S.W 15th			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Fort-Laud Fla 33312			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Estangel Desir* DATE: 4/9/96 (954) 523-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)