FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004654 (9)

1. Corporation Name

LATIN AMERICAN CHURCH PLANTING CENTER, INC.

Principal Place of Business	Mailing Address
880 S FEDERAL HWY FT LAUDERDALE FL 33316	880 S FEDERAL HWY FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-053-3346 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1800 SW 1 ST	26 1800 SW 1 ST
Suite, Apt. #, etc. 22 SUITE 101-227	Suite, Apt. #, etc. 27 SUITE 101-227
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33135 Country 25 USA	Zip 29 33135 Country 30 USA

9. Name and Address of Current Registered Agent

ASHCRAFT, WILLIAM E
2881 E OAKLAND PARK BLVD #300
FT LAUDERDALE FL 33306

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 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 _____ DATE
Signature, Typed or Printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JOHN K. BAXTER	12 NAME	
STREET ADDRESS	6600 N.W 70 AVE	13 STREET ADDRESS	
CITY ST ZIP	TAMARAC, FL 33321	14 CITY ST ZIP	
TITLE	VICE PRESIDENT - TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	SUSAN R. BAXTER	22 NAME	FL0001484777
STREET ADDRESS	6600 N.W 70 AVE	23 STREET ADDRESS	-05/12/95--01003--018
CITY ST ZIP	TAMARAC, FL 33321	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAM E ASHCRAFT	32 NAME	
STREET ADDRESS	2881 E. OAKLAND PK BLVD # 300	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE, FL 33306	34 CITY ST ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	PAUL GAROFALO	42 NAME	
STREET ADDRESS	5280 SW 4 CT	43 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL 33317	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: John K. Baxter JOHN K. BAXTER 4-12-95 305-642-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048823