

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 # N94000004654 (9)

1. Corporation Name

LATIN AMERICAN CHURCH PLANTING CENTER, INC.

Principal Place of Business

Mailing Address

1800 SW 1 ST
SUITE 101-227
MIAMI FL 33135

1800 SW 1 ST
SUITE 101-227
MIAMI FL 33135



3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2334 S. CYPRESS BEND DR 26 2334 S. CYPRESS BEND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 607

27 APT 607

23 POMPANO BEACH, FL

28 POMPANO BEACH, FL

24 33069 25 BROWARD

29 33069 30 BROWARD

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BAXTER, JOHN K
STREET ADDRESS 6600 NW 70 AVE
CITY-ST-ZIP TAMARAC FL 33321

11 TITLE
12 NAME
13 STREET ADDRESS 2334 S CYPRESS BEND DR #607
14 CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VT
NAME BAXTER, SUSAN R
STREET ADDRESS 6600 NW 70 AVE
CITY-ST-ZIP TAMARAC FL 33321

21 TITLE
22 NAME
23 STREET ADDRESS 2334 S CYPRESS BEND DR
24 CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D
NAME ASHCRAFT, WILLIAM E
STREET ADDRESS 2881 E OAKLAND PK BLVD #300
CITY-ST-ZIP FT LAUDERDALE FL 33306

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME GAROFALO, PAUL
STREET ADDRESS 5280 SW 4 CT
CITY-ST-ZIP PLANTATION FL 33317

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

954-972-4465

Date

Daytime Phone #

CR2E037 (12/95)