

FILE NOW: FILING FEE IS \$61.25

FILED
May 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
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DOCUMENT # **N94000004654 (9)**

1. Corporation Name

LATIN AMERICAN CHURCH PLANTING CENTER, INC.



Principal Place of Business 23345 CYPRESS BEND DRIVE APT 607 POMPANO BEACH FL 33069	Mailing Address 23345 CYPRESS BEND DRIVE APT 607 POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified 09/19/1994	3a. Date of Last Report 02/11/1996
4. FEI Number 65-0533346	Applied For <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2334 Cypress Bend Dr. So.	2a. Mailing Address 26 2334 Cypress Bend Dr. So.
Suite, Apt. #, etc. 22 607	Suite, Apt. #, etc. 27 607
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip 24 33069	Country 25
Zip 29 33069	Country 30

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) 2736 NE 19th Street
83
84 City Fort Lauderdale
85 Zip Code FL 33305

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 *William E. Ashcraft* **William E. Ashcraft, Res. Agent** **4/22/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME BAXTER, JOHN K		1.2 NAME	
STREET ADDRESS 2334 S CYPRESS BEND DR. #607		1.3 STREET ADDRESS 2334 Cypress Bend Dr. So. #607	
CITY-ST-ZIP POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input type="checkbox"/> Addition
NAME BAXTER, SUSAN R		2.2 NAME	
STREET ADDRESS 2334 S CYPRESS BEND DR. #607		2.3 STREET ADDRESS 2334 Cypress Bend Dr. So., #607	
CITY-ST-ZIP POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Change	<input type="checkbox"/> Addition
NAME ASHCRAFT, WILLIAM E		3.2 NAME	
STREET ADDRESS 2881 E OAKLAND PK BLVD #300		3.3 STREET ADDRESS 2736 NE 19th Street	
CITY-ST-ZIP FT LAUDERDALE FL 33306		3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GAROFALO, PAUL		4.2 NAME	
STREET ADDRESS 5280 SW 4 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33317		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, President** **4/22/97 (954) 972-4465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0078231**

CR2E037 (9/96)