FILE NOW: FILING FEE IS \$61.25

Mailing Address

2334 CYPRESS BEND DR SO

POMPANO BEACH FL 33069

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2334 CYPRESS BEND DR SO

POMPANO BEACH FL 33069

SIGNATURE:

Principal Place of Business 3507 GAKS

#607



ELORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

09/19/1994

65-0533346

5. Certificate of Status Desired

4. FE! Number

Sandra B. Mortham

3507 OAKS WAY

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004654 (9)

LATIN AMERICAN CHURCH PLANTING CENTER, INC.

WAY

Fee Required 6. Election Campaign Financing \$5.00 May Be 性 112 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? POMPANO BEACH BEACH POMPANO FL X No ☐ Yes 8. This corporation owes or has paid the current year Intangible 3069-5340 25 29 33069 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ASHCRAFT WILLIAM ASHCRAFT, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 82 2881 E OAKLAND PARK BLVD #300 83 FT LAUDERDALE FL 33306 2736 NE LAUDERDALE 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 ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Change Addition NAME 1.2 NAME BAXTER, JOHN K OAKS WAY 2334 CYPRESS BEND DR SO, #607 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069-5340 POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE NAME BAXTER, SUSAN R 2.2 NAME 112 3507 QAKS WAY # STREET ADDRESS 2334 CYPRESS BEND DR SO, #607 2.3 STREET ADDRESS 33069 - 5340 BEACH CITY-ST-ZIP POMPANO BEACH FL 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE TITLE ASHCRAFT, WILLIAM E 3.2 NAME NAME STREET ADDRESS 2736 NE 19TH ST 3.3 STREET ADDRESS FT LAUDERDALE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE GAROFALO, PAUL 4. 2 NAME 5280 SW 4 CT 4.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITO F CELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

| January | J