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ANNUAL REPORT AND FILED

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004654

1. Corporation Name

LATIN AMERICAN CHURCH PLANTING CENTER, INC.

Principal Place of Business	Mailing Address
3507 OAKS WAY APT 112 POMPANO BEACH FL 33609-5340 US	3507 OAKS WAY APT 112 POMPANO BEACH FL 33069-5340 US

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 09/19/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0533346 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ASHCRAFT, WILLIAM E
2736 NE 19TH ST
FT LAUDERDALE, FL
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 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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAXTER, JOHN K		1.2 NAME		
STREET ADDRESS	3507 OAKS WAY, #112		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33609		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAXTER, SUSAN R	D	2.2 NAME		
STREET ADDRESS	3507 OAKS WAY, #112		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP	02-22-1999901003033 Mot.25	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ASHCRAFT, WILLIAM E	D	3.2 NAME		
STREET ADDRESS	2736 NE 19TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~GIUROFALO, PAUL~~		4.2 NAME		
STREET ADDRESS	~~5260 SW 4 CT~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL 33317~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	WILLIAM OWEN D	☐ Change ☒ Addition
NAME			5.2 NAME	6816 N.W. 26 WAY	
STREET ADDRESS			5.3 STREET ADDRESS	FT LAUDERDALE, FL 33309	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: John K. Baxter JOHN K. BAXTER 1-4-99 (954)972-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #