


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # NS4000004654	
1. Entity Name LATIN AMERICAN CHURCH PLANTING CENTER, INC.	

Principal Place of Business 3507 OAKS WAY APT 112 POMPANO BEACH, FL 33609-5340 US	Mailing Address 3507 OAKS WAY APT 112 POMPANO BEACH, FL 33069-5340 US
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DO NOT WRITE IN THIS SPACE



02282004 No Chg-NP CR2E037 (10/03)

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. Name and Address of Current Registered Agent BAXTER, JOHN K 3507 OAKS WAY #112 POMPANO BEACH, FL 33069

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

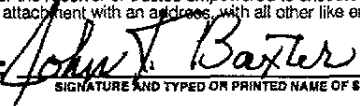
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000079830 03/08/04-80084-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BAXTER, JOHN K
STREET ADDRESS 3507 OAKS WAY, #112	CITY-ST-ZIP POMPANO BEACH, FL 33609
TITLE VTD	NAME BAXTER, SUSAN R
STREET ADDRESS 3507 OAKS WAY, #112	CITY-ST-ZIP POMPANO BEACH, FL 33069
TITLE D	NAME OWEN, WILLIAM
STREET ADDRESS 6760 NW 22 TERRACE	CITY-ST-ZIP FORT LAUDERDALE, FL 33309
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	John K. Baxter, Pres.	3/3/4 (954) 579-3502
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>