

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY 16 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002995 (7)**

1. Corporation Name

PRAISE TABERNACLE OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

212 W. OAKLAND PK BLVD
1 & 2
OAKLAND PK FL 33310
US

P.O. BOX 100556
OAKLAND PK FL 33310
US

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

1995

2. Principal Place of Business

21 1040 W. Prospect Rd

2a. Mailing Address

26 P.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Act B.

27

City & State

City & State

23 OAKLAND PK FLA

28

Zip

Country

Zip

Country

24 33351

25 U.S.

29

30

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

BRIGHT, DELORES
1860 SW 37TH WAY
FORT LAUDERDALE FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

400002106954-6

-05/21/97--01096--004

*****8.75 *****8.75

FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRIGHT, DELORES
1860 SW 37TH WAY
FORT LAUDERDALE FL 33312

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400002106954-6
-05/21/97--01096--005
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLENN, KIM
1701 SW 11TH COURT STE 2
FORT LAUDERDALE FL 33311

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Glenn Kim
1701 SW 11th Way
Ft Land, Fla 33312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WRIGHT, SANDRA
1860 SW 37TH WAY
FORT LAUDERDALE FL 33312

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D Wright, Sandra
P.O. Box 100556 N/A
Ft Id. Fla 33310

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRIGHT, BRENDA
2121 SW 42ND AVENUE
FORT LAUDERDALE FL 33312

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRIGHT, DAWN
2121 SW 42ND AVE
FORT LAUDERDALE FL 33312

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
S Bright, Dawn
2100 NW 21 TEN
Ft Land, Fla 33311

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
T Marguerite Barlow
2200 Lee St
HWY FLA 33090

☐ Change ☒ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

84-747-7535

Daytime Phone #

CR2E037 (3/96)