

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004344 (6)

1. Corporation Name

WEST BROWARD CHURCH OF GOD, INC.



Principal Place of Business

**1200 NW 19TH ST.
FT. LAUDERDALE FL 33311**

Mailing Address

**1200 NW 19TH ST.
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified
09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0565836

Applied For

Not Applicable

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

**MOGBO, CHUCK
2331 N. STATE RD. 7, STE. 124
LAUDERHILL FL 33313**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DAVIDSON, JOHN P**
STREET ADDRESS **9350 NW 34 CT.**
CITY-STATE-ZIP **SUNRISE L3 33351**

TITLE ☐ DELETE

NAME **FRASER, LUDIS**
STREET ADDRESS **1520 NW 56TH AVE.**
CITY-STATE-ZIP **LAUDERHILL FL 33313**

TITLE ☐ DELETE

NAME **MORGAN, FERGIE**
STREET ADDRESS **4330 NW 19 ST., APT. J312**
CITY-STATE-ZIP **LAUDERHILL FL 33313**

TITLE ☐ DELETE

NAME **MITCHELL, CARLTON**
STREET ADDRESS **220 SW 29 AVE.**
CITY-STATE-ZIP **FT. LAUDERHILL FL 33312**

TITLE ☐ DELETE

NAME **YOUNG, RICHARD A**
STREET ADDRESS **4850 NW 11 PL.**
CITY-STATE-ZIP **LAUDERHILL FL 33313**

TITLE ☐ DELETE

NAME **DAVIDSON, KURT**
STREET ADDRESS **6320 NW 11 ST., APT. 202**
CITY-STATE-ZIP **SUNRISE FL 33313**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

John Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.96
Date

Daytime Phone #

CR2E037 (12/95)