

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000001905  
1. Corporation Name  
*Community WORKERS For Christ Ministry*

Principal Place of Business Mailing Address  
*1322 NW 7th Ct  
St LAUDERDALE Fla 33311*

3. Date Incorporated or Qualified  
*4-9-96*

4. FEI Number  
*65-0630282*

Applied For  
Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address  
*1322 NW 7th Ct*

27. Suite, Apt. #, etc.

28. City & State  
*LAUDERDALE FLA*

29. Zip  
*33311*

30. Country  
*BROWARD*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
*Bertha ROBERSON  
1322 NW 7th Ct  
St LAUDERDALE FLA  
33311*

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

TITLE	<i>P/P PASTOR BERTHA ROBERSON</i>	<input type="checkbox"/> DELETE
NAME	<i>1322 NW 7th Ct</i>	
STREET ADDRESS	<i>St LAUD Fla 33311</i>	
CITY-ST-ZIP		
TITLE	<i>W/O JANILE ARMSTRONG</i>	<input type="checkbox"/> DELETE
NAME	<i>1412 NW 9th Ave Apt #2</i>	
STREET ADDRESS	<i>St LAUD FLA 33311</i>	
CITY-ST-ZIP		
TITLE	<i>S/D DIANE HENDERSON</i>	<input type="checkbox"/> DELETE
NAME	<i>1516 N.W. 15th Way</i>	
STREET ADDRESS	<i>St LAUD Fla 33311</i>	
CITY-ST-ZIP		
TITLE	<i>T/O LILLIE BRINSON</i>	<input type="checkbox"/> DELETE
NAME	<i>3656 NW 32 St</i>	
STREET ADDRESS	<i>LAUDERDALE LAKE FLA 33309</i>	
CITY-ST-ZIP		
TITLE	<i>C/T ARCHIE BRINSON</i>	<input type="checkbox"/> DELETE
NAME	<i>3656 NW 32th St</i>	
STREET ADDRESS	<i>LAUDERDALE LAKE FLA 33309</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*200002615642*  
*-08/13/98--01103--012*  
*\*\*\*61.25*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bertha Roberson*

*8-1-98*

CR2E037 (10/97)