

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

Principal Place of Business Mailing Address
1322 NW 7th Ct
At LAUDERDALE FLA 33311

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>1322 NW 7th Ct</i>
22 City & State	27
23 Zip	28 <i>LAUDERDALE FLA</i>
24 Country	29 <i>33311</i>
	30 <i>BROWARD</i>

3. Date Incorporated or Qualified <i>4-9-96</i>
4. FEI Number <i>65-0630282</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Bertha ROBERSON
1322 NW 7th Ct
At 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
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/D PASTOR BERTHA ROBERSON</i> <input type="checkbox"/> DELETE
NAME	<i>1322 NW 7th Ct</i>
STREET ADDRESS	<i>At LAUD FLA 33311</i>
CITY-ST-ZIP	
TITLE	<i>V/D JANILE ARMSTRONG</i> <input type="checkbox"/> DELETE
NAME	<i>1412 NW 9th Ave Apt #2</i>
STREET ADDRESS	<i>At 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>At LAUD FLA 33311</i>
CITY-ST-ZIP	
TITLE	<i>T/D LILLIE BRINSON</i> <input type="checkbox"/> DELETE
NAME	<i>3656 NW 32nd 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 32nd 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 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	

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.

SIGNATURE: *Bertha Roberson*

8-1-98

CR2E037 (10/97)