

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90016 006 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N96000001905*
1. Corporation Name
Community WORKERS FOR CHRIST MINISTRY INC
1322 NW 7th Ct Ft Lauderdale FLA 33311

Principal Place of Business
1322 NW 7th Ct
Ft LAUDERDALE FLA 33311

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>5/96</i>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <i>05-063-02-82</i>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	Trust Fund Contribution			

9. Name and Address of Current Registered Agent
Pastor Bertha Robinson
1322 NW 7th Ct
Ft 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
 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 <i>Pres</i>	NAME <i>Pastor BERTHA ROBERSON</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>1322 NW 7th Ct</i>	1.2 NAME	
CITY-ST-ZIP	<i>Ft LAUDERDALE FLA 33311</i>	1.3 STREET ADDRESS	
TITLE <i>Pres</i>	NAME <i>JANICE ARMSTRONG</i> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>1412 NW 9th Ave</i>	2.1 TITLE	
CITY-ST-ZIP	<i>Ft LAUDERDALE FLA 33311</i>	2.2 NAME	
TITLE <i>SEC</i>	NAME <i>DIANE HENDERSON</i> <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	<i>1516 NW 15 Way</i>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<i>Ft LAUDERDALE FLA 33311</i>	3.1 TITLE	
TITLE <i>TREA</i>	NAME <i>LILLIE BRINSON</i> <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<i>3656 NW 32 ST LAUDERDALE LAKE FLA 33309</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>C</i>	NAME <i>ARICHIE BRINSON</i> <input type="checkbox"/> DELETE	4.1 TITLE	
STREET ADDRESS	<i>3656 NW 32 ST LAUDERDALE LAKE FLA 33309</i>	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Bertha Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/99

Date

954 525-7242

Daytime Phone #

CR2E037 (11/98)