

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002691 (1)**  
 1. Corporation Name  
**THE NEW DYNAMIC CHURCH, INC.**



Principal Place of Business <b>1207 HAMPTON BLVD. N. LAUDERDALE FL 33068</b>	Mailing Address <b>1207 HAMPTON BLVD. N. LAUDERDALE FL 33068</b>
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3. Date Incorporated or Qualified  
**05/13/1996**

4. FEI Number  
**65-0702312**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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**

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

**HARRIS, EVELYN L  
 1207 HAMPTON BLVD.  
 STE. 3300  
 N LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELSEY, VIDA</b>	1.2 NAME	<b>Scott A. Mroczenski</b>
STREET ADDRESS	<b>9612 JACOBY AVE., APT. 4</b>	1.3 STREET ADDRESS	<b>400 NW 4th St</b>
CITY-ST-ZIP	<b>ST. LOUIS MO 63136</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAPPENBURGER, EDWARD J</b>	2.2 NAME	
STREET ADDRESS	<b>1500 N.E. 43RD CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, SAFIA</b>	3.2 NAME	
STREET ADDRESS	<b>5237 N. DIXIE HWY, A-1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, GARLAND</b>	4.2 NAME	
STREET ADDRESS	<b>1207 HAMPTON BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN DE CASTEELE, RUSSELL</b>	5.2 NAME	
STREET ADDRESS	<b>1207 HAMPTON BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, EVELYN L</b>	6.2 NAME	
STREET ADDRESS	<b>1207 HAMPTON BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	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: *Evelyn L. Harris, Treasurer* 4/28/98 954-721-2224

CR2E037 (10/97)