

FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90216 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001487**

1. Corporation Name

**CHRISTIAN LAW ENFORCEMENT OFFICERS & ASSOCIATES FOUNDATION, INC.**

Principal Place of Business  
1761 NW 7TH AVENUE  
POMPANO BEACH FL 33060

Mailing Address  
1761 NW 7TH AVENUE  
POMPANO BEACH FL 33060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0824316	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WIGGINS, AARON</b> <b>1761 NW 7TH AVENUE</b> <b>POMPANO BEACH FL 33060</b>				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 *AARON WIGGINS*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/2/1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Executive Director/Chairman <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pastor Aaron Wiggins	1.2 NAME	
STREET ADDRESS	1761 N.W. 7th Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	1.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pauline L. Haynes	2.2 NAME	
STREET ADDRESS	1320 N.W. 54th Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, Florida 33313	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Brown Lee	3.2 NAME	
STREET ADDRESS	4400 N.W. 27th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, Florida 33313	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Nathan Coleman	4.2 NAME	
STREET ADDRESS	4451 N.W. 190th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33055	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deacon Bobby Warren	5.2 NAME	
STREET ADDRESS	18220 Clewbrook	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33498	5.4 CITY-ST-ZIP	
TITLE	Ex-officio/Advisor <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON H. RODRIGUEZ, CPA	6.2 NAME	
STREET ADDRESS	3146 N.W. 68 Street, Ste No. 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33309	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, with all other like empowered.

SIGNATURE: *X AARON WIGGINS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/1999 (54) 788-9755*  
Date Daytime Phone #

CR2E037 (11/98)