
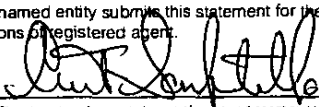
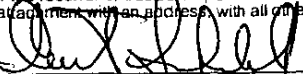


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 023 ****61.25

DOCUMENT # 700615					
1. Entity Name FORT LAUDERDALE RESCUE TABERNACLE, INC.					
Principal Place of Business 9538 HWY. 441 BOYNTON BCH., FL 33437-4604			Mailing Address 9538 HWY. 441 BOYNTON BCH., FL 33437-4604		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0774188	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANFRATELLA, CURT 1980 NW 9TH AVE BOYNTON BEACH, FL 33437			Name SANFRATELLA, CURT		
			Street Address (P.O. Box Number is Not Acceptable)		
			1980 NW 9th AVE		
			City	FT. LAUDERDALE	FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Curt Sanfratella		04/16/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARGE, JACK M		NAME	CLAYPOOL, FORREST	
STREET ADDRESS	403 S.W. 8TH ST.		STREET ADDRESS	9538 HWY 441	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		CITY-ST-ZIP	BOYNTON BEACH, FT. 33437	
TITLE	SM	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAFRATELLA, CURT		NAME	HARRIOTT, BENNETTO	
STREET ADDRESS	1980 NW 9TH AVE		STREET ADDRESS	3721 NW 27th CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, HENRY III		NAME	CAMPBELL, RONNIE	
STREET ADDRESS	1980 NW 9TH AVE.		STREET ADDRESS	3831 SW 10th CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GURNADE		NAME	WERIHMAN, STEVE	
STREET ADDRESS	3960 N.W. 47TH AVE.		STREET ADDRESS	1445 JACKSON STREET	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33068		CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOELBINGER, WALTER C		NAME	WEST, REV. DANIEL L.	
STREET ADDRESS	1980 NW 9TH AVE		STREET ADDRESS	7255 S. MILITARY TRAIL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAULIS, CONRAD		NAME	WOODBURN, DR. ROBERT	
STREET ADDRESS	2786 NW 104 AVE BLDG. 179 APT 109		STREET ADDRESS	2655 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322		CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		Curt Sanfratella		04/16/04 561-737-2259	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	