

Amended

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 APR 19 PM 2:42

STATE OF FLORIDA DEPARTMENT OF REVENUE

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

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0774188
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, DANIEL L
7255 S MILITARY TRAIL
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Daniel L. West 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to: Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include WERTHMAN, STEVE; WEST, DANIEL L; LARGE, JACK; BROWN, GURNADE; HOELBINGER, WALTER C; SHAULIS, CONRAD.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CAMPBELL, RONNIE; HARRIOTT, BENNETTO; READ, HENRY III; WOODBURN, DR. ROBERT.

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: Daniel L. West 4/13/05 (561) 737-2259
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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