



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 700615 1. Entity Name FORT LAUDERDALE RESCUE TABERNACLE, INC.	
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FILED
05 OCT 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9538 HWY. 441 BOYNTON BCH., FL 33437-4604	Mailing Address 9538 HWY. 441 BOYNTON BCH., FL 33437-4604
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2. Principal Place of Business	3. Mailing Address	09232005 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

	
4. FEI Number 59-0774188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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* Daniel L. West 9/26/05
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P WERTHMAN, STEVEN 1445 JACKSON STREET HOLLYWOOD, FL 33020	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	S WEST, DANIEL L 7255 S MILITARY TRAIL LAKE WORTH, FL 33463	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	T LARGE, JACK 403 S.W. 8TH STREET FT LAUDERDALE, FL 33315		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	D BROWN, GURNADE 3960 N.W. 47TH AVE. LAUDERDALE LAKES, FL 33068		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VP HOELBINGER, WALTER C 1980 NW 9TH AVE FORT LAUDERDALE, FL 33311		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	D SHAULIS, CONRAD 2786 NW 104 AVE BLDG. 179 APT 109 FORT LAUDERDALE, FL 33322		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		

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* Daniel L. West 9/26/05 561-737-2259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICERS AND DIRECTORS CONTINUED

Please note that these officers were on previously, but did not come up on the form that printed out. Two of these officers were changed from D to VP and S. Please call me if you have any questions at 561-737-2259.

Thank you,
Dan West, Treasurer

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rev. Ronnie Campbell 3831 SW 10 th Ct. Ft. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dr. Robert Woodburn 2655 E. Oakland Park Blvd. Ft. Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennetto Harriott 3721 NW 27 th Ct. Lauderdale Lakes, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bud Read 1980 NW 9 th Ave. Ft. Lauderdale, FL 33311