


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90066 018 \*\*\*\*61.25

**DOCUMENT # 700615**  
 1. Entity Name  
**FORT LAUDERDALE RESCUE TABERNACLE, INC.**



40107183



Principal Place of Business      Mailing Address  
 9538 HWY. 441                      9538 HWY. 441  
 BOYNTON BCH., FL 33437-4604      BOYNTON BCH., FL 33437-4604

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State                                      City & State  
 Zip                      Country                      Zip                      Country

04302007      Chg-NP                      CR2E037 (12/06)

4. FEI Number                      Applied For  
 59-0774188                      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WERTHMAN, STEVEN</b> <b>1445 JACKSON STREET</b> <b>HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEST, DANIEL L</b> <b>7255 S MILITARY TRAIL</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, GURNADE</b> <b>3960 N.W. 47TH AVE.</b> <b>LAUDERDALE LAKES, FL 33068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CAMPBELL, RONNIE REV</b> <b>3831 SW 10TH CT</b> <b>FT LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WOODBURN, ROBERT DR</b> <b>2655 E OAKLAND PARK BLVD</b> <b>FT LAUDERDALE, FL 33306</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIOTT, BENNETTO</b> <b>3721 NW 27TH CT</b> <b>LAUDERDALE LAKES, FL 33311</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>WEST, DANIEL L</b> <b>7255 S. MILITARY TR</b> <b>LAKE WORTH, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE: *Daniel West*      Date: 5/1/07      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40107183  
#700615

D  
Bolton, Faith  
9538 US Highway 441  
Boynton Beach, FL 33437

T/D  
Ross, James A.  
1801 NW 108<sup>th</sup> Avenue  
Pembroke Pines, FL 33026

S/D  
Marrah, Donna  
5775 Blue Lagoon Drive Ste 400  
Miami, FL 33126

D  
Read, Bud  
1980 NW 9<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33311