


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

APPROVED
AND
FILED

05 JUN 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700627					
1. Entity Name FIRST BAPTIST CHURCH OF WEST HOLLYWOOD					
Principal Place of Business 1708 N 60TH AVE HOLLYWOOD, FL 33021		Mailing Address 1708 N 60TH AVE HOLLYWOOD, FL 33021			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06022005 Chg-NP CR2E037 (10/03) M	
4. FEI Number 59-0900990			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		
MCCORD, CHARLES E 1708 N 60 AVENUE HOLLYWOOD, FL 33021			Name <u>Dr. Mark D. Cummins</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>14921 Featherstone Way</u>		
			City <u>Davie</u> FL Zip Code <u>33331</u>		
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 <u>Mark D. Cummins</u>		Mark D Cummins President		DATE <u>6/14/05</u>	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIFF, DAVE		NAME	000056411540	
STREET ADDRESS	16911 SW 66 STREET		STREET ADDRESS	06/22/05--01004--015 **\$61.25	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGARET RYAN		NAME		
STREET ADDRESS	1891 N 61 AVE., APT 307		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORD, CHARLES E.		NAME		
STREET ADDRESS	5901 S W 37 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNEY, MIKE		NAME		
STREET ADDRESS	2241 NW 87 TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<u>P Cummins, Mark D</u>	
STREET ADDRESS			STREET ADDRESS	<u>14921 Featherstone Way</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Davie, FL 33331-2937</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Margaret Ryan</u>		Margaret Ryan Treasurer		Date <u>6/10/05</u> 954-322-4327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	