


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 027 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0900990	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARGARET, RYAN 1891 N 61 AVE APT 307 HOLLYWOOD, FL 33024			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete	TITLE	Treasurer/Secretary	<input checked="" 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	CUMMINS, MARK D		NAME		
STREET ADDRESS	14921 FEATHERSTONE WAY		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 333312937		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, JOSE		NAME		
STREET ADDRESS	1930 NW 99TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 330241458		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DOUG		NAME		
STREET ADDRESS	1561 SW 190 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard Macak	
STREET ADDRESS			STREET ADDRESS	4938 Polk Street	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	William Miller	
STREET ADDRESS			STREET ADDRESS	208 Three Island Blvd #204	
CITY-ST-ZIP			CITY-ST-ZIP	Hallandale, FL 33009	
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, with all other like empowered.					
SIGNATURE: Margaret Ryan Treas.		Margaret Ryan Treasurer		1/9/08 954-322-4327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	