


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-08-2004 90190 050 ****61.25

DOCUMENT # 703763

1. Entity Name
SUNSET PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC.



66430367



Principal Place of Business
**3550 DAVIE BOULEVARD
 FT LAUDERDALE, FL 33312-3438**

Mailing Address
**3550 DAVIE BOULEVARD
 FT LAUDERDALE, FL 33312-3438**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33312	Country USA	Zip	Country

06302004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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

**HUSZAR, GWEN
 3550 DAVIE BLVD
 FORT LAUDERDALE, FL 33312**

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 *Gwendolyn J Huszar* DATE **7-1-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **September 8, 2004**

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	T	<input type="checkbox"/> Delete
NAME	HUSZAR, GWEN	
STREET ADDRESS	3550 DAVIE ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLANT, MARIE	
STREET ADDRESS	3550 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLAN, J CHRIS	
STREET ADDRESS	3550 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3550 DAVIE BLVD	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 *Gwendolyn J Huszar* DATE **7-18-04**
 Treasurer