

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # 717564		
1. Entity Name TRUSTEES WILTON MANORS BAPTIST CHURCH		
Principal Place of Business 116 N.E. 24TH STREET WILTON MANORS, FL 33305	Mailing Address 116 N.E. 24TH STREET WILTON MANORS, FL 33305	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIEN, DONALD 240 SW 22 STREET FT LAUDERDALE, FL 33315		DO NOT WRITE IN THIS SPACE
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>Donald Lien</u> 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 May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LIEN, DONALD 240 SW 22 ST. FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONKLIN, IRVING 2916 NW 18 AV OAKLAND PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTTON, OLIVE 21 SW 8 AVE FORT LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COBB, LARRY 2601 NW 7 AVE WILTON MATORS, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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>Donald Lien (DONALD LIEN)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-7-04</u> Daytime Phone # <u>954-564-4394</u>



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/13/04-80058-016 61.25

**DO NOT WRITE
IN THIS SPACE**