

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 729077
 1. Entity Name
 NORTHEAST BAPTIST CHURCH, INCORPORATED, OF
 FORT LAUDERDALE, FLORIDA



Principal Place of Business 5590 N.E. 6 AVE FT LAUDERDALE, FL 33334	Mailing Address 5590 N.E. 6 AVE FT LAUDERDALE, FL 33334
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07142004 00000000 01107000 00000000

4. FEI Number 65-0537336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 0000 000000

6. Name and Address of Current Registered Agent
 SHANKWEILER, BARBARA A
 4300 N OCEAN BLVD
 APT 5F
 FORT LAUDERDALE, FL 33308

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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 _____ DATE _____
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
 0000000000

U00000171811
 03/08/04-80005-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, JOHN R 2449 NE 27 TERR FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEDBERRY, JIM 1430 NE 17 TERR FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHEDY, THOMAS B 5706 NE 16 AVE FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ Date: 8/18/04 Daytime Phone #: 954 202-9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR