

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -5 PM 12:12

DOCUMENT # **NO4700** (3)
1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC

Principal Place of Business Mailing Address
% DR. JOHN W. STAUFFER **% DR. JOHN W. STAUFFER**
2725 NE 14TH AVENUE **2725 NE 14TH AVENUE**
WILTON MANORS FL 33334 **WILTON MANORS FL 33334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08/14/1984 **01/31/1994**
4. FEI Number Applied For
59-1166426 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STAUFFER, DR. JOHN W.
2725 NE 14TH AVENUE
WILTON MANORS FL 33334

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D DEMICK, ROBERT 3605 HIGH PINE DR. CORAL SPRINGS FL
D RANKINE, BILL 9429 NW 46TH CT. SUNRISE FL
D MAIS, EILEEN 811 NE 16 ST. FT LAUDERDALE FL
D HARDY, VIRGINIA 1365 N. E. 40TH COURT FT LAUDERDALE FL
D STAUFFER, JOHN W. DR. 2925 CORAL SHORES DR. OAKLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D Change Addition
1.2 NAME *Bill Rankine*
1.3 STREET ADDRESS *4850 N.W. 95th Avenue*
1.4 CITY-ST-ZIP *Sunrise, Florida 33351*
2.1 TITLE D Change Addition
2.2 NAME *Mark Stungis*
2.3 STREET ADDRESS *890 S.W. 42nd Avenue*
2.4 CITY-ST-ZIP *Plantation, FL 33317*
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 D17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dr. John W. Stauffer* *1/23/95* *305 564-2019*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR