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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N04700 (3)  
1. Corporation Name  
THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC



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

3. Date Incorporated or Qualified  
08/14/1984  
4. FEI Number  
59-1166426  
Applied For  
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RANKINE, BILL	
STREET ADDRESS	4850 N.W. 95TH AVENUE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STURGIS, MARK	
STREET ADDRESS	890 S.W. 42ND AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIS, EILEEN	
STREET ADDRESS	811 NE 18 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARDY, VIRGINIA	
STREET ADDRESS	1365 N. E. 40TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAUFFER, JOHN W. DR.	
STREET ADDRESS	2925 CORAL SHORES DR.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK STURGIS, CHAIRMAN OF THE BOARD	
1.3 STREET ADDRESS	3220 NW 84th Ave # 222	
1.4 CITY-ST-ZIP	Sunrise, FL. 33351	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERALD McCOWN, 1st VICE CHAIRMAN	
2.3 STREET ADDRESS	590 NW 41st Street	
2.4 CITY-ST-ZIP	Oakland Park, FL. 33309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Bromley, 2nd VICE CHAIRMAN	
3.3 STREET ADDRESS	1610 NE 64th Street	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33334	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3d or 3TS	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 617, 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 3/19/98 (954) 564-2019

CR2E037 (10/97)