


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

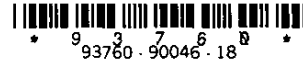
02-22-1999 90046 018 ****61.25

0039453

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # NO4700

1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC



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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/14/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1166426
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 *Dr. John W. Stauffer, Director* DATE *1/6/99*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	MCCOWN, GERALD 590 NW 41ST STREET OAKLAND PARK FL 33309	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	STURGIS, MARK 3220 NW 84TH AVE #222 SUNRISE FL 33351	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	MAIS, EILEEN 811 NE 16 ST. FT LAUDERDALE FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D MAIS, EILEEN 863 NW 80th TERR. PLANTATION, FL 33324
TITLE D <input type="checkbox"/> DELETE	BROMLEY, BRUCE 1610 NE 64TH STREET FT LAUDERDALE FL 33334	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	STAUFFER, JOHN W. DR. 2925 CORAL SHORES DR. OAKLAND PARK FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D STAUFFER, JOHN W. DR. 1801 CORAL GARDENS DRIVE WILTON MANORS, FL 33306
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE: *Dr. John W. Stauffer* DATE: *1/12/99* DAYTIME PHONE #: *864-2019*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 037 (1/98)