

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04700

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90073 020 \*\*\*\*61.25

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 33334-4305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1166426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAUFFER, DR. JOHN W.  
2725 NE 14TH AVENUE  
WILTON MANORS FL 33334

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE *Dr. John W. Stauffer* *Minister* *1/6/2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOWN, GERALD	
STREET ADDRESS	590 NW 41ST STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	STURGIS, MARK	
STREET ADDRESS	3220 NW 84TH AVE #222	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAIS, EILEEN	
STREET ADDRESS	863 NW 80TH TERR.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROMLEY, BRUCE	
STREET ADDRESS	1610 NE 64TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAUFFER, JOHN W. DR.	
STREET ADDRESS	1801 CORAL GARDENS DR.	
CITY-ST-ZIP	WILTON MANORS FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGIS, MARK	
STREET ADDRESS	59 ANN LEE LN, TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN VILLARUEL	
STREET ADDRESS	111NW 54TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *MARK STURGIS* *1/12/2000* *954-564-2019*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)