2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # N04700** 1. Entity Name 04-30-2002 90224 036 ****61.25 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 2. Principal Place of Business 3. Mailing Address 14th Ave 725 NE 725 NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. NA NA ✓ Applied For City & State 4. FEI Number City & State 59-1166426 Florida wilton Manons, 1 Florida Not Applicable Wilton Manors Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Νд Street Address (P.O. Box Number is Not Acceptable) STAUFFER, DR. JOHN W. 2725 NE 14TH AVENUE WILTON MANORS FL 33334 Zip Code City FL 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. 1/0/2002 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE MCCOWN, GERALD NAME NAME 590 NW 41ST STREET STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE STURGIS, MARK NAME NAME 59 ANN LEE LN STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F VILLARRUEL, DAN NAME NAME 111 NW 54TH CT STREET ADDRESS STREET ADDRESS FORT-L'AUDERDALE FL-33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE Bromley, Bruce NAME NAME 1610 NE 64TH STREET STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STAUFFER, JOHN W. DR. NAME NAME 1801 CORAL GARDENS DR. STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33306 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Date

Daytime Phone #