

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90031 028 ****61.25

DOCUMENT # N04700
 1. Entity Name
THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC.



Principal Place of Business: 2725 NE 14TH AVENUE, WILTON MANORS FL 33334 US
 Mailing Address: 2725 NE 14TH AVENUE, WILTON MANORS FL 33334 US

50007773



1st MOORE CR2E037 (10/04)

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: 59-1166426
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dr. John W. Stauffer* DATE: 1/20/05
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE: D NAME: MCCOWN, GERALD STREET ADDRESS: 590 NW 41ST STREET CITY-ST-ZIP: OAKLAND PARK FL 33309 | <input type="checkbox"/> Delete |
| TITLE: D NAME: STURGIS, MARK STREET ADDRESS: 59 ANN LEE LN CITY-ST-ZIP: TAMARAC FL 33319 | <input type="checkbox"/> Delete |
| TITLE: D NAME: VILLARRUEL, DAN STREET ADDRESS: 111 NW 54TH CT CITY-ST-ZIP: FORT LAUDERDALE FL 33309 | <input checked="" type="checkbox"/> Delete |
| TITLE: D NAME: BROMLEY, BRUCE STREET ADDRESS: 1610 NE 64TH STREET CITY-ST-ZIP: FT LAUDERDALE FL 33334 | <input type="checkbox"/> Delete |
| TITLE: D NAME: STAUFFER, JOHN W. DR. STREET ADDRESS: 1801 CORAL GARDENS DR. CITY-ST-ZIP: WILTON MANORS FL 33306 | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: FISHER, ERNEST STEVE STREET ADDRESS: 4741 NE 15TH TERRACE CITY-ST-ZIP: OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Dr. John W. Stauffer* DATE: 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #