
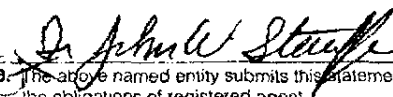
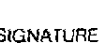
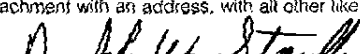


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1166426 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied			
Zip	Country	Zip	Country	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 <i>Dr. John W. Stauffer</i>			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 		SIGNATURE 		DATE 3/23/06			
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	MCCOWN, GERALD		NAME				
STREET ADDRESS	590 NW 41ST STREET		STREET ADDRESS	U00000491674			
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP	04/19/06-80033-006 61.25			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	STURGIS, MARK		NAME				
STREET ADDRESS	59 ANN LEE LN		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	FISHER, ERNEST STEVE		NAME				
STREET ADDRESS	4741 NE 15TH TERRACE		STREET ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	BROMLEY, BRUCE		NAME				
STREET ADDRESS	1610 NE 64TH STREET		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33334		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	STAUFFER, JOHN W. DR.		NAME				
STREET ADDRESS	1801 CORAL GARDENS DR.		STREET ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL 33306		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  DATE **3/23/06**