


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	

**FILED
Jul 16, 2008 08:00 AM
Secretary of State**



07092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1166426	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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOWN, GERALD 590 NW 41ST STREET OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURGIS, MARK 59 ANN LEE LN TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROMLEY, BRUCE 1610 NE 64TH STREET FT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUFFER, JOHN W. DR. 1801 CORAL GARDENS DR. WILTON MANORS, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/16/08-80005-034 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Dr. John W. Stauffer 7/12/08 957 564-2019
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

Dr. John W. Stauffer