
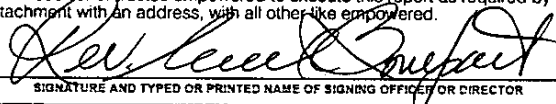


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90015 031 \*\*\*\*61.25

<b>DOCUMENT # 721774</b> 1. Entity Name <b>LAUDERDALE MANORS CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>1518 NW 15TH AVE. FT. LAUDERDALE, FL 33311</b>			Mailing Address <b>1518 NW 15TH AVE. FT. LAUDERDALE, FL 33311</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALKER, BARRY</b> <b>1619 NW 12TH AVE</b> <b>FT. LAUDERDALE, FL 33311</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JEAN-ANN		NAME		
STREET ADDRESS	6325 NW 43RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ROYSTON		NAME		
STREET ADDRESS	7100 NW 21ST CT		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINCE, HORACE		NAME	EVOL GREEN	
STREET ADDRESS	10301 N.W. 16TH STREET		STREET ADDRESS	2131 NW 82nd TER.	
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP	SUNRISE FL. 33322	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASBERRY, JEAN		NAME		
STREET ADDRESS	16920 NE 6TH CT		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOMPART, REV. CARL S.		NAME		
STREET ADDRESS	1877 NW 96TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> 			02.17.06 <span style="float: right;">954-472-6085</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		