

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04700

**Entity Name:** THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC.

**Current Principal Place of Business:**

2725 NE 14TH AVENUE  
WILTON MANORS, FL 33334

**Current Mailing Address:**

2725 NE 14TH AVENUE  
WILTON MANORS, FL 33334 US

**FEI Number: 59-1166426**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**6519237518CC**

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	REYNOLDS, EUSTACE
Address	5900 NW 44TH STREET 301
City-State-Zip:	LAUDERHILL FL 33319
Title	D
Name	BURNS, WAYNE
Address	1981 NW 43RD COURT
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	D
Name	HENRY, BRUCE
Address	350 N.E. 42ND STREET,
City-State-Zip:	OAKLAND PARK FL 33334

Title	D
Name	PULVER, FRED
Address	4569 NW 16TH WAY
City-State-Zip:	TAMARAC FL 33319
Title	DR.
Name	STAUFFER, JOHN W. DR.
Address	1801 CORAL GARDENS DR.
City-State-Zip:	WILTON MANORS FL 33306

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DR. JOHN W. STAUFFER**

**DR.**

**01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date