

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/1:

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-13-2004 90001 015 ****61.25

DOCUMENT # 700282 1. Entity Name ST. ANDREWS UNITED METHODIST CHURCH OF FORT LAUDERDALE, INC.						
Principal Place of Business 1100 N. ANDREWS AVE. FT. LAUDERDALE FL 33311			Mailing Address 1100 N. ANDREWS AVE. FT. LAUDERDALE FL 33311			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-0872676		
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent WOOD, HARRY 361 NW 35 COURT FT LAUDERDALE FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, HARRY 361 NW 35 COURT FT. LAUDERDALE FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Wood	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOBAYASHI, TAMOTSU 314 S.E. 13TH ST. FT. LAUDERDALE FL 33316		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamotsu Kobayashi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, ART 4550 NE 2 AVE FT. LAUDERDALE FL 33334		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LARRY 4311 N.W. 33RD ST. FT. LAUDERDALE FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry K Davis	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIDLEY, MARIADELE 1106 NE FIRST AVE FT. LAUDERDALE FL		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, EDWIN 1818 LAUDERDALE MANORS DR. FT. LAUDERDALE FL 33311		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: <i>Harry Wood</i>				2/29/04 954-782-2873		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						