

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**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**



03042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-0872676**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WOOD, HARRY**  
**361 NW 35 COURT**  
**FT LAUDERDALE, FL 33309**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>WOOD, HARRY</b>
<b>STREET ADDRESS</b>	<b>361 NW 35 COURT</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>KOBAYASHI, TAMOTSU</b>
<b>STREET ADDRESS</b>	<b>314 S.E. 13TH ST.</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL 33316</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DAVIS, LARRY</b>
<b>STREET ADDRESS</b>	<b>4311 N.W. 33RD ST.</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>BUTLER, EDWIN</b>
<b>STREET ADDRESS</b>	<b>1818 LAUDERDALE MANORS DR.</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL 33311</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000001268515  
03/18/05-80047-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/05**

Date

**954-782-2873**

Daytime Phone #