

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 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
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03242006 No Chg-NP CR2E037 (11/05)

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

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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)
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 04/11/06-80123-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, HARRY 361 NW 35 COURT FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOBAYASHI, TAMOTSU 314 S.E. 13TH ST. FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LARRY 4311 N.W. 33RD ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, EDWIN 1818 LAUDERDALE MANORS DR. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	3/26/06	954-782-287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	(Date)	Daytime Phone #