


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 048 ****61.25

DOCUMENT # 701590					
1. Entity Name FIRST CHRISTIAN CHURCH OF POMPANO BEACH, FLORIDA, INC.					
Principal Place of Business FIRST CHRISTIAN CHURCH 1860 NE 39TH STREET POMPANO BEACH, FL 33064			Mailing Address FIRST CHRISTIAN CHURCH 1860 NE 39TH STREET POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1282101	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAGNUSON, LEE 220 SW 10TH COURT DEERFIELD BEACH, FL 33441			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIL, MARGARET		NAME		
STREET ADDRESS	2828 NE 30TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCINKA, PATRICIA		NAME	ELIZABETH WILKINS	
STREET ADDRESS	461 NW 46TH STREET		STREET ADDRESS	1921 SW 15TH ST # 28	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNUSON, LEE		NAME		
STREET ADDRESS	220 SE 10TH COURT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE	DTR	<input checked="" type="checkbox"/> Delete	TITLE	DTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCINKA, JOHN		NAME	RICARDO ZUNIGA	
STREET ADDRESS	1580 SE 4TH STREET		STREET ADDRESS	3239 PORT ROYALE #F	
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	DTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, GREGORY		NAME		
STREET ADDRESS	1149 HILLSBORO MILE, #602 N		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL		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 exemption stated in Section 110.07(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>Margaret Vail</i>		MARGARET VAIL, TREAS		3-30-05 954-942-2515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	