

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 705255 1. Entity Name CHRISTIAN BUSINESS MEN'S COMMITTEE OF FORT LAUDERDALE, INC.	
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Principal Place of Business 1 FINANCIAL PLAZA #2602 FT LAUDERDALE, FL 33394 US	Mailing Address 1 FINANCIAL PLAZA #2602 FT LAUDERDALE, FL 33394 US
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01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6173125	Applied For ☐ Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVELL, WILLIAM C., 1 FINANCIAL PLAZA SUITE 2602 FT LAUDERDALE, FL 33394
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**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 reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, WESLEY 2225 NE 18TH AVE. WILTON MANORS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVELL, WILLIAM C. 1 FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESTLER, STEVEN D. 600 CORPORATE DRIVE, STE. 200 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen D Estler

1-17-06