2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# 705255

Entity Name: CHRISTIAN BUSINESS MEN'S COMMITTEE OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

1 FINANCIAL PLAZA
#2602
FT LAUDERDALE, FL 33394 US

New Principal Place of Business:

Current Mailing Address:

1 FINANCIAL PLAZA
#2602
FT LAUDERDALE, FL 33394 US

New Mailing Address:

FEI Number: 59-6173125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVELL, WILLIAM C.,
1 FINANCIAL PLAZA
SUITE 2602
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

DAVELL, WILLIAM C
1 FINANCIAL PLAZA
SUITE 2602
FT LAUDERDALE, FL 33394 US

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.

SIGNATURE: WILLIAM C. DAVELL 02/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SCOTT, WESLEY,
Address: 2225 NE 16TH AVE.
City-St-Zip: WILTON MANORS, FL

Title: PD ( ) Delete
Name: DAVELL, WILLIAM C.
Address: 1 FINANCIAL PLAZA STE 2602
City-St-Zip: FT LAUDERDALE, FL 33394

Title: TD ( ) Delete
Name: ESTLER, STEVEN D.,
Address: 600 CORPORATE DRIVE, STE. 200
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. DAVELL PD 02/08/2007
Electronic Signature of Signing Officer or Director Date