2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

03-16-2004 90047 009 ****61.25

DOCUMENT #711190

1. Entity Name



| | RESBYTERIAN CHURCH O DALE, FLORIDA, INC. | F FORT | | | | | | |
|--|--|---|-------------------|--|--|------------------------|---------------------|--------------|
| Principal Place 401 S.E. 151 FORT LAUDE | | Mailing Address 401 S.E. 15TH AVE FORT LAUDERDALE | = | | | | 2402359 | 12 |
| | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03052004 Cr | ng-NP CR | 2E037 (10/03) | |
| City & State | | City & State | | | 4. FEI Number | | | |
| Zip Country | | Zip | ip Coun | | 5. Certificate of Status Desired See Required Fee Required | | | |
| | 6. Name and Address of Current | Registered Agent | ' 1 | | 7. Name and Add | ress of New Registe | | - 3 |
| man and the contract of the co | | | | Name | | | | |
| BERRY, DAVID G DR 1618 CORAL RIDGE DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| FT. LAUDERDALE, FL 33305 | | | | | | | | |
| | | | | City | | | Zip Code | |
| | | | | <u> </u> | | | | |
| | named entity submits this statement fo tions of registered agent. | r the purpose of changin | ig its registere | ed office or regi: | stered agent, or both, in | the State of Florida. | I am familiar with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable | (NOTE: Registered | Agent Signature reg | quired when reinstating) | | DATE | |
| i. t | in the state of th | and the population | (NOTE: NOGISTATIO | , Agent agnature rad | direct when temstating/ | A 221 | 90 <u>11.</u> | |
| | Filing Fee is \$61:25 9. Election Camp Due by May 1, 2004 Trust Fund Cor | | | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | | ADDITIONS/CHANG | I ES TO OFFICERS AI | ND DIRECTORS IN | 10 |
| TITLE NAME | TD Delete | | | | | Change Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 509 RIVIERA ISLE DR FORT LAUDERDALE, FL 33301 | | | ET ADDRESS - ST-ZIP | | | | |
| TITLE | S | ☐ Delete | TITLE | | | | Change | [] Addition |
| NAME | DENNY, MARY ALICE | | NAME | | | | | |
| STREET ADDRESS | 640 KENSINGTON PL | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY- | ST-ZIP | | | | |
| TITLE | PD SUELTON OFFBUENCE | 🔀 Delete | TITLE | - 1 | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | SHELTON, STEPHEN H 2208 SUNRISE KEY BLVD | | NAM(| • | | | | • |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 | | 9 | ET ADDRESS -ST-ZIP | THE REPORT OF THE PERSON OF TH | | | - 12 |
| TITLE | VD | ☐ Delete | TITLE | ı ı | PD | | ⊠ Change | ☐ Addition |
| NAME | ARCH, ALLAN | | NAM | E l | ADCH ALLAN | | | |

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

- STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

2815 NE 27TH ST

mana in the said

FORT LAUDERDALE, FL 33305

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

3-11-04

2815 NE 27TH ST

DAVID C. FANNIN

The Court

۷D

FT_LAUDERDALE, FL 33305

3900 GALT OCEAN DRIVE

FT_LAUDERDALE,_FL_331.108____Change---- Addition

ADDITION OF COURSE DEFICE AND PROPERTY.

954-462-6200

Change

X Addition