

2008 NOT-FOR-PROFIT CORPORATION MAY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 008 ****61.25

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1. Entity Name
IMMANUEL BAPTIST CHURCH OF FORT LAUDERDALE, INC.



Principal Place of Business
1039 N.E. 3RD AVE
1036 N E 2ND AVENUE
FT LAUDERDALE, FL 33304

Mailing Address
1039 N.E. 3RD AVE
1036 N E 2ND AVENUE
FT LAUDERDALE, FL 33304

40054000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0875860

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWDER, JESSICA
1571 RIVERLAND ROAD
FORT LAUDERDALE, FL 33312

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code
FL

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)

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐ \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
RICE, JANET
1000 N.W. 133 AVE
FORT LAUDERDALE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RICE, JANET
440 S. NW 47 ST
Tamarac FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SISK, TOM
2951 S.W. 16 STREET
FORT LAUDERDALE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SISK, BENJAMIN T
2951 S.W. 16 STREET
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAUMANN, AUDREY
801 N.E. 35TH ST
OAKLAND, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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
Jessica A. Crowder