


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90150 006 ****61.25

DOCUMENT # 715354			
1. Entity Name FAITH UNITED CHURCH OF CHRIST FT. LAUDERDALE, INC.			
Principal Place of Business 6201 NW 57 ST TAMARAC FL 33319		Mailing Address 6201 NW 57 ST TAMARAC FL 33319	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6219323		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent WHITEMAN, KARL K REV. 6201 NW 57TH ST. TAMARAC FL 33319		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	MODERATOR PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWEN, BARBARA		NAME	COSTELLO, PHIL	
STREET ADDRESS	8305 SW 20 ST.		STREET ADDRESS	10590 NW 6 CT.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE MODERATOR VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, PHIL		NAME	WEST, COLLIN	
STREET ADDRESS	10590 NW 6 CT.		STREET ADDRESS	5735 BAYBERRY LN.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DOLORES		NAME		
STREET ADDRESS	4960 E SABAL PALM BLVD, # 103		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ROY		NAME		
STREET ADDRESS	9816 NW 54 PL		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, MYRON		NAME		
STREET ADDRESS	8371 N.W. 24TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		CITY-ST-ZIP		
TITLE	FSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DAPHNE		NAME		
STREET ADDRESS	9816 NW 54 PL		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Rev. KARL K. WHITEMAN 02-15-06 954-721-1232