


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 027 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOHN H. REMALY WHITEMAN, KARL 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		City	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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-6219323** Applied For Not Applicable

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
--	--	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBERATOR, PHIL/C		NAME	PHIL COSTELLO	
STREET ADDRESS	10590 NW 6 CT		STREET ADDRESS	10590 NW 6 CT.	
CITY- ST- ZIP	CORAL SPRINGS FL 33071		CITY- ST- ZIP	CORAL SPRINGS, FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIN, WEST		NAME	MICHELLE POPE-URIBE	
STREET ADDRESS	5786 BAYBERRY LANE		STREET ADDRESS	1882 NW 93 TERR.	
CITY- ST- ZIP	TAMARAC FL 33319		CITY- ST- ZIP	CORAL SPRINGS, FL 33071	
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: *Phil Costello* 3/28/07