

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

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90025 024 ****61.25

DOCUMENT # 719243

1. Entity Name

SIXTH STREET CHURCH OF CHRIST OF POMPANO
BEACH, INC.



Principal Place of Business

2190 S. E. 6TH AVE, PO BOX 1886
POMPANO BEACH FLA 33061

Mailing Address

P.O. BOX 1886
POMPANO BEACH FL 33061



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

4. FEI Number

65-0148959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

CARL FOSSLER
1031 NW 45 ST.
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE PD ☐ Delete
NAME FOSSLER, CARL
STREET ADDRESS 1031 NW 45 ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE SD ☒ Delete
NAME BERRY, FRANK
STREET ADDRESS 1921 NW 46 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ Delete
NAME EMERSON, CLAUDE
STREET ADDRESS 2050 NE 39 ST
CITY-ST-ZIP 3400 NE 36 ST Tighthouse point FL 33064
LAUDERDALE BY THE SEA FL 33308 Apr 107 S.

TITLE SECRETARY ☐ Delete
NAME HERMAN THOMAS GARRISON JR.
STREET ADDRESS 49 N. FEDERAL HWY. #376
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carl W. Fossler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #