

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 AUG 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07242008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 719243</b> 1. Entity Name <b>SIXTH STREET CHURCH OF CHRIST OF POMPANO BEACH, INC.</b>					
Principal Place of Business <b>2190 S. E. 6TH AVE, PO BOX 1886 POMPANO BEACH FLA, 33061</b>			Mailing Address <b>P.O. BOX 1886 POMPANO BEACH, FL 33061</b>		
2. Principal Place of Business - No P.O. Box # <b>2190 S.E. 6th STREET</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>POMPANO BEACH, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0148959</b>	
Zip <b>33061</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARL FOSSLER 1031 NW 45 ST. FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>WOLFGANG FISCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 S.E. 11th AVE.</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33441</b>		
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 <i>[Signature]</i> <b>WOLFGANG FISCHER PDT</b> <b>AUG. 17, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT FOSSLER, CARL 1031 NW 45 ST. FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WOLFGANG FISCHER 900 S.E. 11th AVE. DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERRY, FRANK 1321 NW 46 ST FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Tom GARRISON 49 N. FEDERAL HWY, #376 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMERSON, CLAUDE 3400 NE 36 ST LAUDERDALE-BY-THE-SEA, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELANO RATAICZAK 2831 NE 7th TERR. POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES C. DIXON 4431 COCONUT CREEK BLVD. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES C. DIXON 4431 COCONUT CREEK BLVD. COCONUT CREEK, FL 33066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES C. DIXON 4431 COCONUT CREEK BLVD. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES C. DIXON 4431 COCONUT CREEK BLVD. COCONUT CREEK, FL 33066	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <b>TOM GARRISON SD 8/10/08 954-943-8485</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

August 9, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

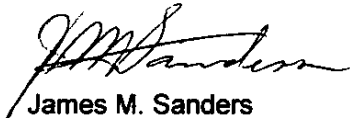
Re: Annual Report of Not-For-Profit Corporation

Gentlemen:

Enclosed is the Not-For-Profit Annual Report for the "Sixth Street Church of Christ of Pompano Beach, Inc."

I called your office to make sure I was filling out the form correctly and they told me to put this note on the report concerning the report fee of \$61.25. I sent you a check for this amount on February 18, 2008 which was negotiated on March 12, 2008.

I trust that the report and the information about the \$61.25 fee will satisfy the STATE's requirements.



James M. Sanders

Accountant for the Sixth Street Church of Christ