


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90031 029 \*\*\*\*61.25

**DOCUMENT # 721774**

1. Entity Name  
**LAUDERDALE MANORS CHURCH OF THE NAZARENE, INC.**



Principal Place of Business 1518 NW 15TH AVE. FT. LAUDERDALE, FL 33311	Mailing Address 1518 NW 15TH AVE. FT. LAUDERDALE, FL 33311
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**50007122**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WALKER, BARRY**  
 1619 NW 12TH AVE  
 FT. LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JEAN-ANN 6325 NW 43RD TERRACE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, ROYSTON 7100 NW 21ST CT SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINCE, HORACE 10301 N.W. 16TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASBERRY, JEAN 16920 NE 6TH CT NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMPART, REV. CARL S. 1877 NW 96TH AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 S. BOMPART  01-20-05 954-614-1832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #