


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90015 031 \*\*\*\*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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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

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

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVOL GREEN	
STREET ADDRESS	2131 NW 82nd TER.	
CITY-ST-ZIP	SUNRISE FL. 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *Kevin Lee* **02.17.06** **954-472-6085**

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