

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90071 026 ****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**

40062002



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **JOHNSON, JEAN-ANN**
STREET ADDRESS **6325 NW 43RD TERRACE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **S** ☒ Change ☐ Addition
NAME **Wright, Karlene**
STREET ADDRESS **11192 N.W. 1st Place**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ Delete
NAME **WRIGHT, ROYSTON**
STREET ADDRESS **7100 NW 21ST CT**
CITY-ST-ZIP **SUNRISE, FL 33313**

TITLE **T** ☐ Change ☒ Addition
NAME **Tillman, Antoinette**
STREET ADDRESS **8503 N.W. 57th Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **D** ☒ Delete
NAME **GREEN, EVOL**
STREET ADDRESS **2131 NW 82ND TERR**
CITY-ST-ZIP **SUNRISE, FL 33322**

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

TITLE **D** ☐ Delete
NAME **RASBERRY, JEAN**
STREET ADDRESS **16920 NE 6TH CT**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

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

TITLE **P** ☐ Delete
NAME **BOMPART, REV. CARL S.**
STREET ADDRESS **1877 NW 96TH AVE**
CITY-ST-ZIP **PLANTATION, FL 33322**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl S. Bompert - **Sylvester Carl Bompert 4/12/07**

Date

954-472-6035
Daytime Phone #