


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | |
|--|--|---|
| DOCUMENT # 721968 | |  |
| 1. Entity Name ASCENSION PEACE PRESBYTERIAN CHURCH OF LAUDERHILL, INC. | | |

| | |
|---|---|
| Principal Place of Business 2701 N.W. 40TH AVENUE LAUDERHILL, FL 33313 US | Mailing Address 2701 N.W. 40TH AVENUE LAUDERHILL, FL 33313 US |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 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 |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| WRIGHT, VALRIE 2761 SW 4TH ST FT LAUDERDALE, FL 33312 | |

| | |
|--|--|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| State 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.

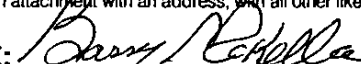
SIGNATURE _____ DATE _____

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

| | | | |
|------------------------------|--|------------------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | CTR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKELLAR, BARRY C | NAME | 800103613038 |
| STREET ADDRESS | 4450 N.W. 64 TERRACE | STREET ADDRESS | 05/31/07--01036--003 **61.25 |
| CITY-ST-ZIP | LAUDERHILL, FL 33319 | CITY-ST-ZIP | |
| TITLE | VCT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKELLAR, BARRY C | NAME | |
| STREET ADDRESS | 4450 N.W. 64 TERRACE | STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL, FL 33319 | CITY-ST-ZIP | |
| TITLE | VCT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAITHWAIT, HUGH | NAME | |
| STREET ADDRESS | 1190 N.W. 40TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL, FL 33313 | CITY-ST-ZIP | |
| TITLE | TR <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANDY, CAROLYN | NAME | |
| STREET ADDRESS | 2660 N.W. 17 STREET | STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 | CITY-ST-ZIP | |
| TITLE | SEC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOARES, DOROTHY | NAME | |
| STREET ADDRESS | 600 SOUTH LAKE DASHA DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:  **5-8-07**

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

FILED
2007 MAY 11 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05082007 Chg-NP CR2E037 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 05-0037603 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|