

DOCUMENT # 728177

1. Entity Name
LAUDERDALE COMMUNITY CHURCH, INC.

Principal Place of Business Mailing Address
2647, 2653 NW 40 AVE 208 NW 20 ST
LAUDERHILL FL 33313 WILTON MANORS FL 33311
US US

2. Principal Place of Business 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
PERRY, WILLIAM
3130 SW 21ST ST
FT. LAUDERDALE FL 33312

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.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, WILLIAM		NAME	BILL MORRIS	
STREET ADDRESS	3130 SW 21ST ST		STREET ADDRESS	5303 GATE LAKE ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, DAVID		NAME		
STREET ADDRESS	990 NW 47TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAINE, JACK		NAME		
STREET ADDRESS	6801 NW 27 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINK, BILL		NAME		
STREET ADDRESS	350 NE 43 ST.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINK, CHUCK		NAME		
STREET ADDRESS	208 N.W. 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLIN, LARRY		NAME		
STREET ADDRESS	2900 NW 48 TERR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		CITY-ST-ZIP		

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: 1/7/01 954.791.8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment
C0003342
D# 728177

#10: ADDITIONAL DIRECTOR:

TITLE: DIRECTOR

NAME: BILL MORRIS

STREET ADDRESS: 5303 GATE LAKE ROAD
TAMARAC, FL 33319