2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728177

FILED Jan 15, 2004 Secretary of State

Entity Name: LAUDERDALE COMMUNITY CHURCH, INC.

	rincipal Place of Business:	New Principal Place	of Business:
	3 NW 40 AVE HILL, FL 33313 US		
Current M	lailing Address:	New Mailing Addres	ss:
208 NW 2 WILTON N	0 ST MANORS, FL 33311 US		
FEI Number	: FEI Number Applied For	() FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Current Registered Age	ent: Name and Address	of New Registered Agent:
PERRY, V 3130 SW : FT. LAUD			
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Register	ed Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address:	PD () Delete PERRY, WILLIAM, 3130 SW 21ST ST	Title: Name: Address:	() Change () Addition
	FT LAUDERDALE, FL 00000,	City-St-Zip:	
City-St-Zip: Title: Name: Address: City-St-Zip:	FT LAUDERDALE, FL 00000, D () Delete CHANCEY, DAVID, 990 NW 47TH ST FT LAUDERDALE, FL		() Change () Addition
City-St-Zip: Title: Name: Address:	D () Delete CHANCEY, DAVID, 990 NW 47TH ST	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () Delete CHANCEY, DAVID, 990 NW 47TH ST FT LAUDERDALE, FL D () Delete FONTAINE, JACK, 6801 NW 27 AVE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () Delete CHANCEY, DAVID, 990 NW 47TH ST FT LAUDERDALE, FL D () Delete FONTAINE, JACK, 6801 NW 27 AVE FT. LAUDERDALE, FL D () Delete ZINK, BILL, 350 NE 43 ST.	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PERRY PD 01/15/2004