

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

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 762863**

1. Entity Name  
**NORTH DADE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**21011 JOHNSON ST  
#131-132  
PEMBROKE PINES, FL 33029 US**

Mailing Address  
**21011 JOHNSON ST  
#131  
PEMBROKE PINES, FL 33029 US**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2204291**

Applied For  
Not Applicable

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

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

**JORDAN, CHRIS B  
1050 SW 164 AVE  
PEMBROKE PINES, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	E
NAME	COLLINS, MARK E
STREET ADDRESS	4040 SW 70TH WAY
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	PD
NAME	SPANGLER, WILLIAM
STREET ADDRESS	16328 NW 9 DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	T
NAME	JORDAN, CHRIS B
STREET ADDRESS	15175 EAGLE NEST LANE #103
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/25/06-80013-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Chris B. Jordan* **Chris B. Jordan** 1/15/06

Date

Daytime Phone #

954-442-4580