

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90176 013 \*\*\*\*61.25

**DOCUMENT # N00000001863**

1. Entity Name

WORKERS FOR CHRIST ASSOCIATION, INC.



Principal Place of Business

1107 NW 29TH AVENUE  
FORT LAUDERDALE FL 33311

Mailing Address

1107 NW 29TH AVENUE  
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T 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

POOLE, DAVID C REV  
1107 NW 29TH AVENUE  
FORT 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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P ☐ Delete  
NAME POOLE, DAVID REV  
STREET ADDRESS 1107 NW 29TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE VS ☒ Delete  
NAME MYRICK, FREDDIE L  
STREET ADDRESS 1107 NW 29AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition  
NAME REV H L TURNER  
STREET ADDRESS 1107 NW 29 AVE  
CITY-ST-ZIP FT LAUDERDALE FLA 33311

TITLE TD ☒ Delete  
NAME HICKMAN, HL REV  
STREET ADDRESS 1107 NW 29TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition  
NAME MIN. JOYCE D WRIGHT  
STREET ADDRESS 1107 NW 29 AVE  
CITY-ST-ZIP FT LAUD FLA 33311

TITLE D ☐ Delete  
NAME PRESLEY, DAVID  
STREET ADDRESS 1107 NW 29 AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE D ☒ Delete  
NAME GADSON, GL  
STREET ADDRESS 1107 NW 29 AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition  
NAME MIN. JAMES E SMITH  
STREET ADDRESS 1107 NW 29 AVE  
CITY-ST-ZIP FT LAUD FLA 33311

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 Section 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: *Rev David C Poole*

4/23/06 954 581-5058