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

May 08, 2006 8:00 am Secretary of State DOCUMENT # N00000005037 1. Entity Name 05-08-2006 90309 012 ****70.00 THE COMMUNITY CHURCH OF LAUDERDALE BY-THE-SEA, INC. Principal Place of Business Mailing Address 4433 BOUNGAINVILLA DRIVE 4433 BOUNGAINVILLA DRIVE LAUDERDALE BY-THE-SEA FL 33308 LAUDERDALE BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-0942269 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALEY, JAMES D 2122 HOLLYWOOD BLVD **HOLLYWOOD FL 33020** City: 8. The above named entity subplies 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 as CHARLES J. PACE, TREASURER/ELDER. SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted flame of registered agent and title if applicable **\$5.00** May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TOTLE ☐ Change ☐ Addition GOLDSMITH, JAMES B NAME NAME 170 SE 12TH ST STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 City-St-ZiP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE PACE, CHARLES J MAAIT NAME STREET ADDRESS 1370 S. OCEAN BLVD., #2702 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DS. Delete TITLE STAVROS, GLORIA J NAME NAME STREET ADDRESS 4629 POINCIANA ST., #208 STREET ADDRESS CITY-ST-2IP FORT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS 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. GLORIAJ, STAVR 0.5

SIGNATURE

FILED