

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90016 009 \*\*\*\*61.25

**DOCUMENT # N01000001117**

1. Entity Name  
**MEC MINISTRIES OF FT. LAUDERDALE, INC.**



Principal Place of Business  
**1711 NW 38TH AVE  
LAUDERHILL, FL 33313**

Mailing Address  
**1711 NW 38TH AVE  
LAUDERHILL, FL 33313**

**40000842**



01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1031438**

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

**NELSON, EULA  
3961 NW 34 AVENUE  
LAUDERDALE LKS, FL 33309**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **DP** ☐ Delete  
NAME **KEMP, OTIS L**  
STREET ADDRESS **3910 NW 177 STREET**  
CITY-ST-ZIP **CAROL CITY, FL 33055**

TITLE **D** ☐ Change ☒ Addition  
NAME **NELSON, EULA**  
STREET ADDRESS **3961 NW 34th AVE**  
CITY-ST-ZIP **LAUDERDALE LKS FL 33309**

TITLE **DV** ☐ Delete  
NAME **KEMP, VIVIAN E**  
STREET ADDRESS **3910 NW 177 STREET**  
CITY-ST-ZIP **CAROL CITY, FL 33055**

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

TITLE **D** ☐ Delete  
NAME **SMITH, NATHAN**  
STREET ADDRESS **4856 NW 1ST STREET**  
CITY-ST-ZIP **PLANTATION, FL 33317**

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

TITLE **DT** ☐ Delete  
NAME **VAN-REIL, KARL**  
STREET ADDRESS **7607 W 40 STREET**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

TITLE **DS** ☒ Delete  
NAME **WILSON, CASSANDRA**  
STREET ADDRESS **1444 NW 5TH AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

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

TITLE **D** ☒ Delete  
NAME **WATSON, JOHN**  
STREET ADDRESS **2703 NW 13 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EULA NELSON**  
**Director**

**1/5/05**

Date

Daytime Phone #

**954-486-0600**