

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001914

FILED
Apr 25, 2006
Secretary of State

Entity Name: FAITH APOSTOLIC CHURCH OF WEST BROWARD INC.

Current Principal Place of Business:

4800 SW 188TH AVE.
FT. LAUDERDALE, FL 33332

New Principal Place of Business:

Current Mailing Address:

4800 SW 188TH AVE.
FT. LAUDERDALE, FL 33332

New Mailing Address:

FEI Number: 65-1089638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, DARRYL
4800 SW 188TH AVE.
FT. LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COOPER, DARRYL
Address: 4800 SW 188TH VE.
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: SVD () Delete
Name: COOPER, PAT
Address: 4800 SW 188TH VE.
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: D () Delete
Name: COOPER, DARRYL JR
Address: 4800 SW 188TH VE.
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: D () Delete
Name: BEDGOOD, ROGER
Address: 10955 SW 5TH CT.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: BEDGOOD, CYNTHIA
Address: 10955 SW 5TH CT.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: LYONS, NEVILLE
Address: 18438 NW 9TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAT COOPER

SVD

04/25/2006

Electronic Signature of Signing Officer or Director

Date