

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90045 015 \*\*\*\*61.25

**DOCUMENT # N02000002010**

1. Entity Name

FAITH CHAPEL OF FORT LAUDERDALE, INC.



Principal Place of Business

10363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

Mailing Address

10363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

40112004



07212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0674792

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCLYMONT, KEN  
5927 NW 52ND STREET  
CORAL SPRINGS, FL 33067

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANK, MALONEY
STREET ADDRESS	28 ANNE LEE LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	PD
NAME	MCLYMONT, KEN
STREET ADDRESS	5927 NW 52ND STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	HORTENSE, MCMAHON
STREET ADDRESS	3007 CORAL RIDGE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	T
NAME	SPENCE, KAY
STREET ADDRESS	5013 IBIS PLACE
CITY-ST-ZIP	COCONUT CREEK, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 in 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH MCLYMONT

7/23/08 954 234 - 8150

Date

Daytime Phone #