2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006883

FILED Feb 01, 2006 Secretary of State

Entity Name: FIRST PROTESTANT COMMUNITY CHURCH, INCORPORATED

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1102 SAN L CHURCH (WESTON,	DFFICE				
Current Mailing Address:			New Mailin	New Mailing Address:	
1102 SAN L CHURCH (WESTON,	DFFICE				
FEI Number:	20-1378140	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and A	Address of New Registered Agent:	
1203 GOVE SUITE 101	FILINGS INC ERNORS SQI SEE, FL 323				
The above in the State		submits this statement for the pu	urpose of changing its	s registered office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (WATTS, JOHN 1102 SAN LUIS WESTON, FL	SREY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MACFARLANE 16611 SW 49	*	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	UPSHAW, GRA 9310 SW 23 S		Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition HAUG, LORDES 7101 NW 71 STREET TAMARAC, FL 33321 US	
Title: Name: Address: City-St-Zip:	DIR (SCHULTZ, RAY 3100 SW 117 A DAVIE, FL 333	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (HAUG, JAMES 7101 NW 71 S TAMARAC, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN W. WATTS DR. 02/01/2006