


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007765 1. Entity Name FORT LAUDERDALE COMMUNITY CHURCH, INC.	
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Principal Place of Business 1 FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394	Mailing Address 1 FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394
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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1535598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DAVELL, WILLIAM C 1 FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394
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**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 _____ (NOTE: Registered Agent signature required when refiling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

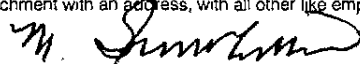
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, M SCOTT 2601 A ANDREWS AVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVELL, WILLIAM C 1 FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, N CRAIG 3610 PARK CENTRAL BLVD N POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000395804
01/27/06-80007-003 \$1.25

**DO NOT WRITE
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 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:  **Michael Scott Whiddon** 1/17/06 (954) 763-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #