


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90280 006 ****61.25

DOCUMENT # N04000011655	
1. Entity Name FIRST UNITED EVANGELICAL CHURCH OF BRETHREN, INC.	

Principal Place of Business 1001 NW 6TH ST POMPANO BEACH FL 33060	Mailing Address 1001 NW 6TH ST POMPANO BEACH FL 33060
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2. Principal Place of Business	3. Mailing Address 4099 NW 4 th CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deerfield Beach FL	City & State Deerfield Beach FL
Zip 33442	Country Broward.



1st MOORE CR2E037 (10/04)

4. FEI Number #52-2446552		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JEAN-PIERRE, JOEL 101 NW 6TH ST. POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) **DATE** 4-3-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEAN-PIERRE, JOEL REV.		NAME	
STREET ADDRESS 1001 NW 6TH ST		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33060		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERRE, JOCELYNE C		NAME	
STREET ADDRESS 4970 SW 7TH ST.		STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33068		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEAN-PIERRE, LENA		NAME	
STREET ADDRESS 4970 SW 7TH ST.		STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33068		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Director** 4-3-05 954 4189151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #