

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04700

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** THE FIRST CHRISTIAN CHURCH OF WILTON MANORS, INC.

**Current Principal Place of Business:**

2725 NE 14TH AVENUE  
WILTON MANORS, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

2725 NE 14TH AVENUE  
WILTON MANORS, FL 33334 US

**New Mailing Address:**

**FEI Number:** 59-1166426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAUFFER, DR. JOHN W.  
2725 NE 14TH AVENUE  
WILTON MANORS, FL 33334 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: D ( ) Delete  
Name: MCCOWN, GERALD  
Address: 590 NW 41ST STREET  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete  
Name: STURGIS, MARK  
Address: 59 ANN LEE LN  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: BROMLEY, BRUCE  
Address: 1610 NE 64TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: STAUFFER, JOHN W. DR. .  
Address: 1801 CORAL GARDENS DR.  
City-St-Zip: WILTON MANORS, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: STURGIS, MARK  
Address: 59 ANN LEE LANE  
City-St-Zip: TAMARAC, FL 33319

Title: D (X) Change ( ) Addition  
Name: PULVER, FRED  
Address: 4569 NW 16TH WAY  
City-St-Zip: TAMARAC, FL 33319

Title: D (X) Change ( ) Addition  
Name: GARDNER, LEIGH  
Address: 931 SE 9TH AVE, APT. #13  
City-St-Zip: POMPANO BEACH, FL 33060

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

I hereby certify that the information supplied with this filing does not qualify 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: DR. JOHN W. STAUFFER

DR.

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date