

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90083 022 ****61.25

DOCUMENT # N46494

1. Entity Name
FIRST BAPTIST CHURCH OF WEST CORAL SPRINGS, INC.



Principal Place of Business
1901 CORAL RIDGE DR
CORAL SPRINGS, FL 33071

Mailing Address
1901 CORAL RIDGE DR
CORAL SPRINGS, FL 33071

50035330

2. Principal Place of Business
1750 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.
228
City & State
CORAL SPRINGS, FL
Zip
33071
Country
USA

3. Mailing Address
1750 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.
228
City & State
CORAL SPRINGS, FL
Zip
33071
Country
USA

03152005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0299652
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAUNDERS, DOUGLAS A
1013 NE 82ND TERR
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
CHRIS BUTLER
Street Address (P.O. Box Number is Not Acceptable)
3155 DOGWOOD LANE
City
MARGATE FL Zip Code
33063

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.

X SIGNATURE Chris Butler 3-23-05
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 May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, DOUGLAS A		NAME	CHRIS BUTLER	
STREET ADDRESS	1013 NW 82ND TER.		STREET ADDRESS	3155 DOGWOOD LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHN, WILLIAM		NAME	EDWARD ARANGO	
STREET ADDRESS	9408 NW 38 STREET		STREET ADDRESS	5268 NW 112 TERRACE	
CITY-ST-ZIP	CORAL SPRING, FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LUIS		NAME	THOMAS GROTHOUSE	
STREET ADDRESS	6600 NW 20 STREET		STREET ADDRESS	2304 NW 102 TERRACE	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, ROBERT		NAME	DUANE POWELL	
STREET ADDRESS	12151 NW 35 STREET		STREET ADDRESS	7481 SANTA MONICA DRIVE	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, BARRY		NAME	DELOEY COOPER	
STREET ADDRESS	7602 SUNFLOWER DRIVE		STREET ADDRESS	4862 CHARDONWAY DRIVE	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ROGER FABEL	
STREET ADDRESS			STREET ADDRESS	648 NW 100 LANE	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

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.

X SIGNATURE: Chris Butler 3-23-05 954-3451164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #