# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N94000005219

1. Entity Name
NEW RIVER BAPTIST CHURCH OF FORT LAUDERDALE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18500 GRIFFIN ROAD<br>FT. LAUDERDALE, FL 33332 | 18500 GRIFFIN ROAD<br>FT. LAUDERDALE, FL 33332 |

01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0527958
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KONG, EUNICE
5341 SW 186 AVE
FT. LAUDERDALE, FL 33332

**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 _____
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, 2006**

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

[illegible]
03/22/06-00057-004 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | JERGUSON, ANDY |
| STREET ADDRESS | 12901 SW 144 CT |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33325 |
| TITLE | D |
| NAME | TURNER, CHARLES D |
| STREET ADDRESS | 5811 S.W. 186 WAY |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33332 |
| TITLE | D |
| NAME | KONG, EUNICE |
| STREET ADDRESS | 5341 SW 186 AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33332 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** [signature] Trustee 3/8/06 954-993-0952
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #