

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709415

FILED
Jan 11, 2010
Secretary of State

Entity Name: 15TH STREET CHURCH OF CHRIST, INC.

Current Principal Place of Business:

390 N.W. 15TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 271
390 N.W. 15TH STREET
POMPANO BEACH, FL 33061

New Mailing Address:

P.O BOX 271
POMPANO BEACH, FL 33061

FEI Number: 59-2449777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, SR., SYLVESTER O
3804 N.W.43RD TERRACE
COCONUT CREEK, FL 33073 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: PTD
Name: RUSH, SR., SYLVESTER O
Address: 3804 N.W. 43RD TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D
Name: BRAY, LEROY
Address: 1640 N.W. 1ST TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: S
Name: KING, SHAUN R
Address: 4042 EASTRIDGE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D
Name: COLEY, JOHNNY
Address: 1730 NW 5TH AVE.
City-St-Zip: POMPANO BEACH, FL

Title: BM
Name: CAMPBELL, ANTHONY
Address: 101 SE 6TH AVE #16
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: THOMAS, JOHNNY B
Address: 621 N.W. 15TH MANOR
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: SYLVESTER RUSH, SR.

MR.

01/11/2010

Electronic Signature of Signing Officer or Director

_____ Date