

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714476

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** BIBLE BAPTIST CHURCH OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

7 SW 129TH AVE.  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

7 SW 129TH AVE.  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 59-6080540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENSHAW, JOEL S  
1511 NW 85TH WAY  
PEMBROKE PINES, FL 33024 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: VTD ( ) Delete  
Name: HANSON, KENNETH W  
Address: 2000 NW 91 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete  
Name: MURPHY, MIGDALIA  
Address: 1300 SW 124TH TERRACE #P206  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PCD ( ) Delete  
Name: HENSHAW, JOEL S  
Address: 1511 NW 85TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: DAVIS, KARL  
Address: 400 SW 134TH WAY APT#F306  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: OOTEN, CLINTON  
Address: 1210 NW 179TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

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

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

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

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: JOEL S. HENSHAW

PCD

01/13/2009

Electronic Signature of Signing Officer or Director

Date