

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729077

FILED
Sep 04, 2007
Secretary of State

Entity Name: NORTHEAST BAPTIST CHURCH, INCORPORATED, OF FORT LAUDERDALE, FLORIDA

Current Principal Place of Business:

5590 N.E. 6 AVE
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5590 N.E. 6 AVE
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0537336 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, SALLY
2220 N CYPRESS BEND DR.
204
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

BOND, ADAM
5590 NE 6TH AVE
FORT LAUDERDALE, FL 33334 US

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: ADAM T. BOND

09/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOND, ADAM T
Address: 4730 NE 2ND TER
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: TRES () Delete
Name: THROGMARTIN, SUZI
Address: 3100 N OCEAN BLVD. #309
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SEC (X) Delete
Name: ANDREWS, SALLY A
Address: 2220 N CYPRESS BEND DR.
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: ADAM T. BOND

PD

09/04/2007

Electronic Signature of Signing Officer or Director

Date