


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 737678 1. Entity Name CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA, INC. |  |
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| Principal Place of Business 27500 OLD DIXIE HWY MIAMI, FL 33032 US | Mailing Address P. O. BOX 700339 MIAMI, FL 33170-0339 US |
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-1661247 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

**MCCORMICK, ARTHUR F., ESQ
7550 RED ROAD
SUITE 203
S. MIAMI, FL 33143**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOWLES, HENRY 27441 SW 164TH CT HOMESTEAD, FL 33031 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MERCER, JAMES K 1975 SE 5TH TERRACE HOMESTEAD, FL 33033 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CROSBY, ALFANZO 11955 SW 186 ST. MIAMI, FL 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HILL, JERRY A 1660 SANDPIPER BLVD. HOMESTEAD, FL 33035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry Bowles* **3/22/06** **3052466094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone