


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 737678
 1. Entity Name
CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
27500 OLD DIXIE HWY **P. O. BOX 700339**
MIAMI, FL 33032 US **MIAMI, FL 33170-0339 US**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1661247 Not Applicable

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

8. Name and Address of Current Registered Agent
MCCORMICK, ARTHUR F., ESQ
7560 RED ROAD
SUITE 203
S. MIAMI, FL 33143

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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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11. 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.

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 3052466694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #