
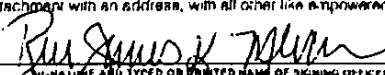


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90481 023 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 737678			
1. Entity Name CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA, INC.			
Principal Place of Business 27500 OLD DIXIE HWY MIAMI, FL 33032 US		Mailing Address P. O. BOX 700339 MIAMI, FL 33170-0339 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 59-1661247		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6- Name and Address of Current Registered Agent MCCORMICK, ARTHUR F., ESQ 7550 RED ROAD SUITE 203 S. MIAMI, FL 33143		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (Title - Registered Agent registration required for all filings)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Terminate	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLES, HENRY	NAME	
STREET ADDRESS	27441 SW 164TH CT	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD, FL 33031	CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> Deplete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, JAMES K	NAME	
STREET ADDRESS	1975 SE 5TH TERRACE	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD, FL 33033	CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> Expire	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, ALFANZO	NAME	
STREET ADDRESS	11955 SW 186 ST.	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33177	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JERRY A	NAME	
STREET ADDRESS	1660 SANDPIPER BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD, FL 33035	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Terminate	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		305-248-9598	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Phone Number</small>	

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