

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2008  
Secretary of State**

DOCUMENT# 737678

Entity Name: CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

27500 OLD DIXIE HWY  
MIAMI, FL 33032 US

**Current Mailing Address:**

**New Mailing Address:**

P. O. BOX 700339  
MIAMI, FL 331700339 US

FEI Number: 59-1661247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: TD ( ) Delete  
Name: BOWLES, HENRY  
Address: 27441 SW 164TH CT  
City-St-Zip: HOMESTEAD, FL 33031

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

Title: PD ( ) Delete  
Name: MERCER, JAMES K  
Address: 1975 SE 5TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33033

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

Title: VD ( ) Delete  
Name: CROSBY, ALFANZO  
Address: 11955 SW 186 ST.  
City-St-Zip: MIAMI, FL 33177

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

Title: SD ( ) Delete  
Name: HILL, JERRY A  
Address: 1660 SANDPIPER BLVD.  
City-St-Zip: HOMESTEAD, FL 33035

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: JAMES K. MERCER

PD

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date