## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 14, 2006 8:00 am Secretary of State

08-14-2006 90037 034 \*\*\*\*70.00

50025214

## Entity Name CHURCH OF GOD OF WEST BROWARD, INC.

**DOCUMENT #755288** 

Principal Place of Business 1050 NW 43RD AVE. PLANTATION, FL 33313-3742 Mailing Address 1050 NW 43RD AVE. PLANTATION, FL 33313-3742

2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07252006	Chg-NP	CR2	E037 (4/06)		
City & State				City & State				4. FEI Numbei 59-2173			<del> </del>	oplied For	
Zip Country				)	intry	·	5. Certificate of Status Desired						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
SMITH, REGINALD G 2310 NW 115 DR CORAL SPRINGS, FL 33065						Name Street Address (P.O. Box Number is Not Acceptable)							
			City					F	L Zip Cod	e			
	ions of regist	y submits this statement fo ered agent. or printed name of registared agent						ed agent, or both	a, in the State o	of Florida. ∣ar		and accept	
Filing Fee Is \$61.25 Due by September 6, 2006				Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State						
10.		OFFICERS AND DIF	RECTORS		11.		A	ADDITIONS/CHA	NGES TO OFF	ICERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2310 NW	EGINALD G 115 DR PRINGS, FL		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CA 2310 N.W	AROL		☐ Delete		1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, 5260 NW COCONU			☐ Delete		1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNAPE, S 8561 NW LAUDERH			☐ Delete						• • • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE						☐ Change	☐ Addition	

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

CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \$5/06 192