2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004080

FILED Jan 05, 2008 Secretary of State

Entity Name: BROWARD THEOLOGICAL UNIVERSITY INC

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ERLY BLVD						
STE #P NORTH LA	AUDERDALE,	FL 33068					
Current Mailing Address:			New Maili	New Mailing Address:			
	ERLY BLVD						
STE#P NORTHLA	UDERDALE,	FL 33068					
El Number:	43-2012677	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed (X)	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	lew Registered Agent:		
JOHNSON 6043 KIMB STE # P NORTH LA	ERLY	FL 33068 US					
	named entity of Florida.	submits this statement for the pu	rpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUF							
	Electror	nic Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Γitle: Name: Address: City-St-Zip:	JOHNSON, MA 6043 KIMBERL) Delete RK A Y BLVD STE #P RDALE, FL 33068	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	PRESTON, DO 6043 KIMBERL	Delete NALD MIN. Y BLVD STE #P RDALE, FL 33068	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	NASCO, JULIO 6043 KIMBERL) Delete Y BLVD STE #P RDALE, FL 33068	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	ALLEN, CORA 6043 KIMBERL) Delete Y BLVD STE #P DALE, FL 33068	Title: Name: Address: City-St-Zip:	ALLEN, CORA 6043 KIMBERL) Change ()Addition Y BLVD STE #P DALE, FL 33068		
Fitle: Name: Address: City-St-Zip:	WELLS, FELIC 6043 KIMBERL		Title: Name: Address: City-St-Zip:	()) Change()Addition		
Fitle: Name: Nddress: City-St-Zip:	FREDERICK, II 6043 KMBERL		Title: Name: Address: City-St-Zip:	()) Change ()Addition		

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: MARK A. JOHNSON PRES 01/05/2008