04281999-90023-033-$61.25-$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90023 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12634

1. Corporation Name
WEST BROWARD ALLIANCE CHURCH, INC.

* 5 4 3 0 2 1 *
543021 - 90344 - 39

Principal Place of Business	Mailing Address
4986 N. PINE ISLAND ROAD LAUDERHILL FL 33351	4986 N. PINE ISLAND ROAD LAUDERHILL FL 33351

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/18/1985 4. FEI Number 59-1962781 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DECARMO, BRIAN
7508 NW 44 CT
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: XXXXXXXXXXXXXX John, Mathew
82 Street Address (P.O. Box Number is Not Acceptable): 2611 SW 13 AVE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33315

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mathew John (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PITCAIRN, NAT	1.2 NAME	
STREET ADDRESS	5781 SW COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGARVEY, JAMES P.	2.2 NAME	
STREET ADDRESS	3807 NW 95 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DECARMO, BRIAN	3.2 NAME	
STREET ADDRESS	7508 NW 44 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	DS ☐ Change ☒ Addition
NAME		4.2 NAME	JOHN, MATHEW
STREET ADDRESS		4.3 STREET ADDRESS	2611 SW 13 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33315
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3.8.99 954-724-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #