## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500002005

BODY OF CHRIST CHURCH OF BROWARD COUNTY INC.

Principal Place of Business									
2341 WILTON DRIVE									
WILTON HANGING DE 22205									

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 23177

2a. Mailing Address

Suite, Apt. #, etc.

FT. LAUDERDALE FL 33307

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90137 014 \*\*\*\*61.25



3. Date incorporated or Qualifed

04/24/1995 4. FEI Number

65-0563267



22		27	_		65-0563267	_ No	t Applicable
City & Sta	ite .	City & State			5. Certifcate of Status Desired	\$8.75 A	
23	<u> </u>	28	O				<del></del>
—, Zip	Country	Zip	Country	•	6. Election Campaign Financing	\$5.00 Added t	
24	25	29	30		Trust Fund Contribution  10. Name and Address of New Registered		0 1 662
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
			"	Name			
HOUSE, JOHN M 2341 WILTON DRIVE				Street A	Address (P.O. Box Number is Not Acceptable)		
	MANORS FL 33305		83	1			
THE OFF THE STORY OF THE STORY				City		85 Zip (	Code
			-	1	FL	<u>-                                     </u>	
11. Pursuan	t to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abov	e-named o	corporation submits this statement for the purpose o	f changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	utnorizea by	tne corpo	ration's board of directors. I hereby accept the appo	Minument as re	gistered
-	•				•		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Age	nt signature re	quired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	D	DELETE	1.1 TITLE		D	Change	Addition
NAME	HOUSE, JOHN M	•	1.2 NAME		Ange Schurg		
STREET ADDRESS	*** *** ****		1.3 STREE	TADDRESS	2730 SW 74 Way #2714		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305			ST-ZBP	Davie, FL 33314 "2717		
TITLE	0	DELETE	2.1 TITLE		D	☐ Change	Addition
NAME	MCKAY, KEITH S	Ψ-	2.2 NAME		Bill Clinard		
		•	23 STREE	TADDRESS	2025 NE 25 Street		
STREET ADDRES			2.4 CITY-	ŀ	Wilton Manors, FL 33305		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	☐ DELETE	3.1 TITLE	31-28		Change	Addition
TITLE	D ALBERTA	- Petri	3.2 NAME		T		•
NAME	MESA-VALERO, ALBERTO			- 1	Peter A Carvalho		
STREET ADDRESS				T ADDRESS	250 Jacaranda Drive Apt #	£ 805	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	DELETE	3.4. CITY-	ST-ZIP	Plantation, FL 33324	☐ Change	Addition
TITLE	T	DELETE	4.1 TITLE	.		L. Gridinge	
NAME	HAMILTON, TAMRA		4. 2 NAME	1			
STREET ADDRES		RIVE, #107	1	ET ADDRESS	·		
CITY-ST-ZIP	OAKLAND PARK FL 33309		4.4 CITY-	ST-ZIP		Channe	☐ Addition
TITLE	,	, DELETE	5.1 TITLE			☐ Change	™ Addinon
NAME			5.2 NAME	1			
STREET ADDRES	s		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	T		Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRES	s		6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
14 I hereby	certify that the information supplied w	ith this filing does not qualify fo	r the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	nformation

indicated on this annual report of 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 are officer or director of the corposation or the receiver or traster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

Peter A. Carvalho, Treasurer

Applied For