			- J			
NO.	r-FOR-PROF	IT CORPORAT	'ÏÒN			
		ESS REPORT			FIFE	
	T# N9500	00 02005,	2.4		1 I halament	
1. Entity Name 800 OF C	WRIST CHURCH	OF BROWARD COUN	TY INC.	02 AI	PR 10 AM II: 25	
.				, in the property of the prope	OF OF STATE	
,		· .	· · · · · · · · · · · · · · · · · · ·	TALL	RETURY OF STATE AHASSEE, FLORIDA	
DO	NOT WRITE	E IN THIS SP	ACE			
2. Principal Place of Business 3. Mailing Address 2.341 WILTON DRIVE 7.0. Box 2.3						
2341 WILTON DRIVE Suite, Apt. #, etc.		Suite, Apt. #, etc.		DC	NOT WRITE IN THIS SPACE	
City & State		City & State	<i>r</i> ,	4. FEI Number 0 5	Applied For Not Applicable	
WILTON MA	Country	FORT LAUDEROAD	Country	5. Certificate of Statu	s Desired S8.75 Additional	
33305	3305 USA 33307			7. Name and Address of Current Registered Agent		
Name				RICHMO MARCHACE		
	DO_NOT_W	/RITE	Street Address (R.O. Box Mustarrig Not Acceptable)			
	IN THIS SI	PACE	2000	70 - 70 - 70 - 70		
		. ,	CityLAV	DENDALE A	ACES FL 333/3	
8. The above named	entity submits this statement	for the purpose of changing its re	egistered office or reg	istered agent, or both, in the	state of Florida.	
(.)	1) 1 10	One - Lacil	v *		4-1-02	
SIGNATURE Signature.	type to printed name of registered age	and title il applicable. (NOTÉ:	Registered Agent signature re-	quired when reinstating)	DATE	
FEE IS \$61.25 , Initial or Amended UBR		9. Election Camp Trust Fund Co	~ ~ ~	\$5.00 May Be Added to Fees		
-					•	
TITLE	OFFICERS AND E		TITLE	ان والعدل والعبال والعبال	and and the	
NAME KOIGHTAM R. CCIBARD			NAME STREET ADDRESS	-04/23/02U1066U2U		
STREET ADDRESS 2025 NE 25 57 CITY-ST-ZIP MICTON MANOLS, 71 33705			CITY-ST-ZIP		*****61.25 *****61.25	
TRUSTEE			TITLE NAME	. •		
NAME STREET ADDRESS 7650 NW 33 ST			STREET ADDRESS			
HOLLYWO, FL 33024			CITY-ST-ZIP			
NAME 2900 NW 48 th TERR. #405			NAME			
STREET ADDRESS Lauckerdalyakes, Pt 33313			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TAMRA HAMILTON TREASURER			TITLE	IN THIS SPACE		
NAME 8370 NW 28 ST			NAME STREET ADDRESS	114 11	IIQ OI AVE	
CITY-ST-ZIP SUNRISE, FL 33322			CITY-ST-ZIP			
TITLE			TITLE NAME			
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			FITLE			

12. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Margant R. Buker TRUSTEE

3/10/02 (954) 566-1791



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 26, 2002

BODY OF CHRIST CHURCH OF BROWARD COUNTY INC. P.O. BOX 23177 FT. LAUDERDALE, FL 33307

SUBJECT: BODY OF CHRIST CHURCH OF BROWARD COUNTY INC.

Ref. Number: N95000002005

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 902A00018060