

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90026 020 ****61.25

DOCUMENT # N95000002005

1. Entity Name

BODY OF CHRIST CHURCH OF BROWARD COUNTY INC.



Principal Place of Business

**2341 WILTON DRIVE
WILTON MANORS FL 33305**

Mailing Address

**P.O. BOX 23177
FT. LAUDERDALE FL 33307**

34018066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

65-0563267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, RICHARD G
2900 NW 48TH TERR #405
LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

Name **James R. Holstrom**

Street Address (P.O. Box Numbers Not Acceptable)
612 NE 4TH ST

City **Pompano Beach**

FL

Zip Code

33060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James R. Holstrom

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **HOUSTREM, JAMES P**
STREET ADDRESS **1767 NE 16TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME **HAAG, ANTHONY**
STREET ADDRESS **4920 NW 3RD AVE**
CITY-ST-ZIP **BOCA RATON FL 33341**

TITLE ☒ Delete
NAME **MARSHALL, RICHARD**
STREET ADDRESS **2900 NW 48TH TERR #405**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE ☐ Delete
NAME **HAMILTON, TAMRA**
STREET ADDRESS **8370 NW 28 STREET**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **TRUSTEE HOLSTROM, JAMES R.**
STREET ADDRESS **612 NE 4TH ST**
CITY-ST-ZIP **POMPAHO BEACH, FL 33060**

TITLE ☐ Change ☒ Addition
NAME **TRUSTEE ALCAZAR, EDWARD F.**
STREET ADDRESS **2060 NW 38TH ST.**
CITY-ST-ZIP **OAKLAND PK, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Date

954-675-3163

Daytime Phone