

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737678

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC2473591267**

**Entity Name:** CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

27500 OLD DIXIE HWY  
NARANJA, FL 33032

**Current Mailing Address:**

27500 OLD DIXIE HWY.  
NARANJA, FL 33032

**FEI Number: 59-1661247**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOCARRAS GRANT, MARSHALL` P.L.  
197 S. FEDERAL HIGHWAY,SUITE300  
BOCA RATON, FL 33432 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MERCER, JAMES K  
Address 27500 OLD DIXIE HIGHWAY  
City-State-Zip: NARANJA FL 33032

Title DIRECTOR  
Name SPAULDING, ALBERT T  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

Title P  
Name JOHNSON, TRAVIS  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

Title D  
Name NELSON, JAMES  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

Title D  
Name BARD, DANIEL  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

Title D  
Name JOHNSON, JOHN T  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

Title D  
Name CONDO, CLAUDE  
Address 27500 OLD DIXIE HWY  
City-State-Zip: NARANJA FL 33032

*I hereby 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 all other like empowered.*

**SIGNATURE: TRAVIS JOHNSON**

**P**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date