


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90057 036 \*\*\*\*61.25

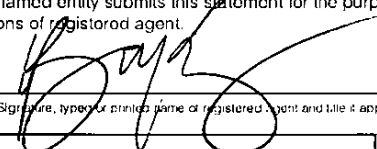
<b>DOCUMENT # 700463</b> 1. Entity Name <b>HOLLYWOOD HILLS METHODIST CHURCH, INC.</b>		
Principal Place of Business <b>400 N. 35TH AVENUE HOLLYWOOD FL 33021</b>		Mailing Address <b>400 N. 35TH AVENUE HOLLYWOOD FL 33021</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>KELLEY, BRUCE</b> <b>2200 NORTH 38TH AVE</b> <b>HOLLYWOOD FL 33021</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
City <span style="float: right;"><b>FL</b></span> Zip Code	

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:  **PRESIDENT TRUSTEES** DATE: **1-26-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T</b> <b>CAPPS, CHARLES</b> <b>4820 TAYLOR ST</b> <b>HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Delete	<b>GERALD KEENEY (VP)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>607 N. CRESENT DR.</b> <b>HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BM</b> <b>MASTERS, JOHN</b> <b>604 BRIARWOOD CIR.</b> <b>HOLLYWOOD FL 33024</b>	<input checked="" type="checkbox"/> Delete	<b>KEVIN SWAN (BM)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3411 GRANT ST.</b> <b>HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BM</b> <b>CANGALOSI, JODY</b> <b>4944 SW 34TH TERRACE</b> <b>FORT LAUDERDALE FL 33312</b>	<input checked="" type="checkbox"/> Delete	<b>KEN MOSTEIRO (BM)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4406 POLK ST</b> <b>HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PT</b> <b>KELLEY, BRUCE</b> <b>2200 NORTH 38 AVENUE</b> <b>HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete	<b>JOSIE HUGHES (SEC)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1660 FAIRWAY RD.</b> <b>PEMBROKE PINES, FL 33026</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BM</b> <b>LLOYD, JOE</b> <b>2235 GARFIELD ST</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete	<b>ROBERT ELKINS (BM)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4400 SW 26th AVE.</b> <b>FT. LAUD., FL 33312</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BM</b> <b>HAACK, JACKI</b> <b>12262 NW 14TH ST</b> <b>PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Delete	<b>BONNIE Carter (BM)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9945 W. TREE TOPS CT.</b> <b>DAVIE, FL 33328</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE:  **PRESIDENT TRUSTEES** DATE: **1-26-07** PHONE: **954-963-0302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #