

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704868

FILED
Apr 27, 2008
Secretary of State

Entity Name: ENGLEWOOD BIBLE CHURCH AND FAMILY CENTER, INC.

Current Principal Place of Business:

501 YALE STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

501 YALE STREET
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-1396732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, ANTHONY
334 PINE GLEN CT
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIORE, ANTHONY
Address: 334 PINE GLEN CT
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD () Delete
Name: HOUSER, HARVEY L
Address: 502 GREEN ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: MCCARON, JIM
Address: 1200 S OXFORD DR
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: STEINFATH, CASEY A
Address: 1688 CRANBERRY BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FIORE, NANCY
Address: 334 PINE GLEN CT.
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARVEY L. HOUSER

STD

04/27/2008

Electronic Signature of Signing Officer or Director

Date