

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|                                                                                            |                                                                                   |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 708425</b><br>1. Entity Name<br><b>HARDING STREET CHURCH OF CHRIST, INC.</b> |  |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>5828 HARDING STREET<br/>HOLLYWOOD, FL 33021</b> | Mailing Address<br><b>5828 HARDING STREET<br/>HOLLYWOOD, FL 33021</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0025269</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**HORACE Y. MAGUIRE  
1821 N. 48TH AVE.  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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: *Horace Y. Maguire* 3/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                     |                                                                                     |                                       |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BLASINGIM, EDWIN<br>1160 NW 193 ST<br>MIAMI, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLAIBORNE, EDGAR<br>1761 NW 85TH WAY<br>PEMBROKE PINES, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RICHARDS, GEORGE L.<br>10671 N.W. 20TH ST.<br>PEMBROKE PINES, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>EVANS, MELVIN<br>6501 S.W. 5TH ST<br>PEMBROKE PINES, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JAMES, JASON<br>3501 TYLER ST. #107<br>HOLLYWOOD, FL 33021        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |

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IN THIS SPACE**

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03/18/06 80039 013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Edwin Blasingim* 3/5/06 954-989-6820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

**SECRETARY**