


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 009 ****61.25

DOCUMENT # 708425 1. Entity Name HARDING STREET CHURCH OF CHRIST, INC.	
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Principal Place of Business 5828 HARDING STREET HOLLYWOOD, FL 33021	Mailing Address 5828 HARDING STREET HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01092007 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent HORACE Y. MAGUIRE 1821 N. 48TH AVE. HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Horace Y. Maguire* 3/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: BLASINGIM, EDWIN STREET ADDRESS: 1150 NW 193 ST CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CLAIBORNE, EDGAR STREET ADDRESS: 1761 NW 85TH WAY CITY-ST-ZIP: PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: RICHARDS, GEORGE L. STREET ADDRESS: 10671 N.W. 20TH ST. CITY-ST-ZIP: PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: EVANS, MELVIN STREET ADDRESS: 6501 S.W. 5TH ST CITY-ST-ZIP: PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: JAMES, JASON STREET ADDRESS: 3501 TYLER ST. #107 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: PRENTICE, RON STREET ADDRESS: 10335 NW 5TH AVE CITY-ST-ZIP: MIAMI, FL 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Edwin Blasingim* 3/28/07 954-989-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #