

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.					
Principal Place of Business 5828 HARDING STREET HOLLYWOOD, FL 33021			Mailing Address 5828 HARDING STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0025269	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
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			
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: <u>HORACE Y. MAGUIRE</u> <i>Horace Y. Maguire</i> <u>3/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD <input type="checkbox"/> Delete NAME BLASINGIM, EDWIN STREET ADDRESS 1150 NW 193 ST CITY-ST-ZIP MIAMI, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME CLAIBORNE, EDGAR STREET ADDRESS 1761 NW 85TH WAY CITY-ST-ZIP PEMBROKE PINES, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> Delete NAME RICHARDS, GEORGE L. STREET ADDRESS 10671 N.W. 20TH ST. CITY-ST-ZIP PEMBROKE PINES, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME EVANS, MELVIN STREET ADDRESS 6501 S.W. 5TH ST CITY-ST-ZIP PEMBROKE PINES, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input checked="" type="checkbox"/> Delete NAME JAMES, JASON STREET ADDRESS 3501 TYLER ST. #107 CITY-ST-ZIP HOLLYWOOD, FL 33021			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME T. PRENTICE, RON STREET ADDRESS 10335 NW 5TH AVE CITY-ST-ZIP MIAMI, FL 33150		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Edwin Blasiming</u> <i>Edwin Blasiming</i> <u>3/28/07</u> <u>954-989-6820</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					