

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 709415

Entity Name: 15TH STREET CHURCH OF CHRIST, INC.

Current Principal Place of Business:

390 N.W. 15TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 271
390 N.W. 15TH STREET
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 59-2449777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, SR., SYLVESTER O
3804 N.W.43RD TERRACE
COCONUT CREEK, FL 33073 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: PTD () Delete
Name: RUSH, SR., SYLVESTER O
Address: 3804 N.W. 43RD TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: BRAY, LEROY
Address: 1640 N.W. 1ST TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: KING, SHAUN R
Address: 4042 EASTRIDGE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: COLEY, JOHNNY,
Address: 1730 NW 5TH AVE.
City-St-Zip: POMPANO BEACH, FL

Title: BM () Delete
Name: CAMPBELL, ANTHONY
Address: 101 SE 6TH AVE #16
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: THOMAS, JOHNNY B
Address: 621 N.W. 15TH MANOR
City-St-Zip: POMPANO BEACH, FL 33060

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

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

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: LEROY BRAY

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date