



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90008 039 ****61.25

DOCUMENT # 711127 1. Entity Name HOLLYWOOD HILLS CHURCH OF CHRIST, INC.					
Principal Place of Business 5601 GRANT STREET HOLLYWOOD, FL 33021			Mailing Address 5601 GRANT STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40006086 	
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2356908	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHULZ, JOHNNY 2921 N 66TH AVE HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name LINDA SCHULZ Street Address (P.O. Box Number is Not Acceptable) 6791 STIRLING RD C/O ALL ACCOUNTING SERVICES City DAVIE FL Zip Code 33314		
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 <i>Linda Schulz</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULZ, JOHNNY 2921 N. 66TH AVE. HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, DAVID 5625 GRANT STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE PD NAME DAVIS, DAVID STREET ADDRESS 5625 GRANT ST CITY-ST-ZIP HLWD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULLIAS, GEORGE 507 PALM DRIVE HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, DEVAUGHN 1108 N 61 AVENUE HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDD, JEFF 5601 GRANT STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE VPD NAME JEFF JUDD STREET ADDRESS 5807 SW 26th Street CITY-ST-ZIP Hollywood, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE SD NAME LEE HART - SECRETARY STREET ADDRESS 6921 SW 15th St. CITY-ST-ZIP Pembroke Pines FL 33023	<input type="checkbox"/> Change <input checked="" 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: <i>David Judd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-9-08 Daytime Phone # (954) 894-8622		