

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 717564

1. Entity Name
NORTHSTAR COMMUNITY CHURCH, INC.



Principal Place of Business
**116 N.E. 24TH STREET
WILTON MANORS, FL 33305**

Mailing Address
**116 N.E. 24TH STREET
WILTON MANORS, FL 33305**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DENMAN, JAMES B
1995 EAST OAKLAND PARK BLVD., STE. 105
FT. LAUDERDALE, FL 33306**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

1-15-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MILLER, N. CRAIG
STREET ADDRESS	1800 S. OCEAN BLVD #207
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	VPDT
NAME	DAVELL, WILLIAM
STREET ADDRESS	912 N. RIO VISTA BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 333013038
TITLE	STDT
NAME	WHIDDON, SCOTT
STREET ADDRESS	2601 S. VICTORIA PARK RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 333164027
TITLE	VPDT
NAME	BROWN, ROGER L
STREET ADDRESS	701 E. COMMERCIAL BLVD #100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	DT
NAME	DENMAN, JAMES B
STREET ADDRESS	1995 E. OAKLAND PARK BLVD #105
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	DT
NAME	DEDON, ROGER
STREET ADDRESS	110 N.E. 32 COURT
CITY-ST-ZIP	OAKLAND PARK, FL 333341136

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01/28/08-80028-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR/TREASURER

1-13-08 (954) 938-9777

Date

Daytime Phone #