# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2007**
**Secretary of State**

DOCUMENT# 719092

**Entity Name:** BROWARD CHRISTIAN SCHOOLS, INC.

**Current Principal Place of Business:**

1490 N.W. FLAMINGO RD.
PLANTATION, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1490 N.W. FLAMINGO RD.
PLANTATION, FL 333232331

**New Mailing Address:**

**FEI Number: 59-1385857** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, RAY C DR
1574 NW 103 TERRACE
CORAL SPRINGS, FL 33071 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: PD ( ) Delete
Name: NICHOLS, RAY C DR
Address: 1574 NW 103 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: NICHOLS, MARK MR.
Address: 1311 SW 114 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: V ( ) Delete
Name: NICHOLS, MARIA C MRS.
Address: 1574 N W 103 TERR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: CHRISTIANO, KIM MRS.
Address: 12441 SW 2 ST
City-St-Zip: PLANTATION, FL 33325

Title: T ( ) Delete
Name: NEWTON, ALICIA MRS.
Address: 1520 SW 37 AVE
City-St-Zip: FT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: O (X) Change ( ) Addition
Name: CHRISTIANO, ANTHONY MR.
Address: 12441 S.W. 2 STREET
City-St-Zip: PLANTATION, FL 33325

Title: VP (X) Change ( ) Addition
Name: NICHOLS, MARIA C MRS.
Address: 1574 N W 103 TERR.
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: O (X) Change ( ) Addition
Name: DEL PINO, JOSE MR.
Address: 4255 N. UNIVERSITY DRIVE #102
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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: RAY C. NICHOLS PD 02/22/2007

Electronic Signature of Signing Officer or Director — Date