2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719092

FILED Feb 15, 2008 Secretary of State

Entity Name: BROWARD CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

1490 N.W. FLAMINGO RD PLANTATION, FL 333232331

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

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

NICHOLS, RAY C DR 1574 NW 103 TERRACE CORAL SPRINGS, FL 33071 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: Title: (X) Change () Addition () Delete CHRISTIANO, ANTHONY MR. Name: JOSE, DEL PINO MR. Name: Address: 12441 S.W. 2 STREET Address: 760 NW 91ST TERRACE

City-St-Zip: PLANTATION, FL 33325 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: (X) Change () Addition NICHOLS, MARIA C MRS. NICHOLS, MARIA C MRS. Name: Name:

1574 N W 103 TERR. Address: Address: 1574 N W 103 TERR. City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

() Delete Title: Title: T/M (X) Change () Addition CHRISTIANO, KIM MRS. CHRISTIANO, KIM MRS. Name: Name:

Address: 12441 SW 2 ST Address: 12441 SW 2 ST City-St-Zip: PLANTATION, FL 33325 City-St-Zip: PLANTATION, FL 33325

Title: (X) Delete Title: () Change () Addition

DEL PINO, JOSE MR. Name: Name:

4255 N. UNIVERSITY DRIVE #102 Address: Address: City-St-Zip: SUNRISE, FL 33351 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: RAY C. NICHOLS P/D 02/15/2008