

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719092

FILED  
Mar 20, 2009  
Secretary of State

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

Title: C ( ) Delete  
Name: JOSE, DEL PINO MR.  
Address: 760 NW 91ST TERRACE  
City-St-Zip: PLANTATION, FL 33324

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: JOSE, DEL PINO MR.  
Address: 1574 NW 103 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: T (X) Change ( ) Addition  
Name: CHRISTIANO, KIM MRS.  
Address: 12441 SW 2 ST  
City-St-Zip: PLANTATION, FL 33325

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

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date