## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719540** 

FILED Apr 06, 2009 Secretary of State

| 20011   |   | O 1.0                            |                   |  |  | Ocorciai y                        | OI Olule       |  |
|---|---|----------------------------------|-------------------|--|--|-----------------------------------|----------------|--|
| Entity Nan                                    | ne: THE BOO   | CA-DELRAY CH                     | JRCH OF CHRI      | ST, INC.                                   |  |                                   |                |  |
| Current Principal Place of Business:          |   |                                  |                   | New Pri                                    | New Principal Place of Business:             |                                   |                |  |
|   | BIRD DRIVE<br>EACH, FL 334                              | 4441827                          |                   |  |  |                                   |                |  |
| Current Mailing Address:                      |   |                                  |                   | New Ma                                     | New Mailing Address:                         |                                   |                |  |
|   | BIRD DRIVE<br>EACH, FL 334                              | 4441827                          |                   |  |  |                                   |                |  |
| FEI Number:                                   |   | FEI Number Applied For ( ) FEI N |                   | FEI Number Not A                           | oplicable (X)                                | Certificate of Status Desired ( ) |                |  |
| Name and Address of Current Registered Agent: |   |                                  |                   | Name a                                     | Name and Address of New Registered Agent:    |                                   |                |  |
|   | CHARLES<br>OOD DRIVE<br>EACH, FL 334                    | 484 US                           |                   |  |  |                                   |                |  |
| The above in the State                        |   | submits this state               | ement for the pur | pose of changin                            | g its registere                              | ed office or registered a         | gent, or both, |  |
| SIGNATUF                                      | RE:   |                                  |                   |  |  |                                   |                |  |
| Electronic Signature of Registered Agent      |   |                                  |                   |  | Date   |                                   |                |  |
| OFFICERS AND DIRECTORS:                       |   |                                  |                   | ADDITIO                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                   |                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>FRANCIS, CHAI<br>5363 INWOOD<br>DELRAY BEAC     | DRIVE                            |                   | Title:<br>Name:<br>Address:<br>City-St-Zip | :  | ( ) Change ( ) Addition           |                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | AS ()<br>SOUVERAIN, JA<br>3902 LAKEWOO<br>LAKE WORTH,   | OD RD                            |                   | Title:<br>Name:<br>Address:<br>City-St-Zip | AS<br>ROLLINS, 501 NW 14<br>BOCA RAT         |                                   |                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | AT ()<br>ALEXIS, BEAUI<br>216 NE 20TH A'<br>BOYNTON BEA | VE                               |                   | Title:<br>Name:<br>Address:<br>City-St-Zip | :  | ( ) Change ( ) Addition           |                |  |

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: CHARLES FRANCIS P 04/06/2009