

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90043 029 ****61.25

DOCUMENT # 740540

1. Entity Name

THE WORSHIP CENTER BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

11801 W. BROWARD BLVD.
 PLANTATION FL 33325

11801 W. BROWARD BLVD.
 PLANTATION FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1815552

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMOUR, KIMBERLY

~~4179 DAVIE ROAD~~
~~SUITE 101~~
~~DAVIE FL 33314~~

See change of Address

Name *KIMBERLY GILMOUR*

Street Address (P.O. Box Number is Not Acceptable)

11580 SW 3 ST

PLANTATION

City *PLANTATION*

FL

Zip Code *33325*

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S Delete
 NAME BARTSCH, SHARRON
 STREET ADDRESS 11820 NW 11TH STREET
 CITY-ST-ZIP PLANTATION FL 33323

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BEHN, JACK
 STREET ADDRESS 11601 SW 21ST COURT
 CITY-ST-ZIP PLANTATION FL 33325

TITLE D Change Addition
 NAME JONATHON B. MYERS
 STREET ADDRESS 5900 ALMOND TERRACE
 CITY-ST-ZIP PLANTATION, FL. 33317

TITLE D Delete
 NAME SHANNON, BRENDA
 STREET ADDRESS 681 NW 75TH TERRACE
 CITY-ST-ZIP PLANTATION FL 33317

TITLE D Change Addition
 NAME WILLIAM M. MCCONNELL
 STREET ADDRESS 1921 SW 67 TERRACE
 CITY-ST-ZIP PLANTATION, FL. 33317

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME MARTHA C. AGUDO
 STREET ADDRESS 10731 SW 30 PLACE
 CITY-ST-ZIP DAVIE, FL. 33328

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sharon A. Bartosa Secy.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

954-472-7917

Date

Daytime Phone #