2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #748875

t. Entity Name COMMUNITY CHURCH OF GOD IN CHRIST, INC.



FILED
Jul 19, 2004 08:00 AM
Secretary of State

Principal Place of Business

1101 NW 29TH TERR FT LAUDERDALE, FL 33311 Mailing Address

1101 NW 29TH TERR FT LAUDERDALE, FL 33311

%3044316.6666D&

DO	NOT	WRITE	IN	THIS	SPACE
	1101	******	11 6		

5. Name and Address of Current Registered Agent

07012004 No Chg-NP	CR2I	E037 (10/03)	
4, FEI Number		Applied For	
65-0097652		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

BROOMFIELD, BENJAMIN 504 SW PHIPPEN RD. #1 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

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								
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	ORS			and the second of the second s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWTHORNE, CARRIE M 1101 NW 29TH TERRACE FT. LAUDERDALE, FL		.: _::		0000001188986 07/19/04-80005-011 61,2 5			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWTHORNE, SHELTON 1101 N.W. 29TH TERRACE FT. LAUDERDALE, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, DORA 4428 NW 3 AVE MIAMI, FL			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOMES, KATHERYN 2322 NW 13 STREET FT. LAUDERDALE, FL			IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EARL 1101 NW 29 TERR FT LAUD, FL							
TITLE NAME STREET ADDRESS CITY -ST - ZIP								
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(30). Florida Statutes. Turther certify that the information								

12. I hereby certify that the information supplied with this lifting 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 furstee empowered to execute this report as required by Chapter 517, 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: CAANILY M HOUTH NAME OF SIGNING OFFICER OR DIRECTO

Pastone Phone #