


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 748875

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



Principal Place of Business
 1101 NW 29TH TERR
 FT. LAUDERDALE, FL 33311

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

DO NOT WRITE IN THIS SPACE

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07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0097652	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWTHORNE, CARRIE M 1101 NW 29TH TERRACE FT. LAUDERDALE, FL
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOMES, KATHERYN 2322 NW 13 STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EARL 1101 NW 29 TERR FT LAUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/11/05-80001-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carrie M Hawthorne 6/5/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #