

**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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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 _____

Signature, typed or printed name of registered agent and title if applicable

(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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWTHORNE, SHELTON 1101 N.W. 29TH TERRACE FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, DORA 4428 NW 3 AVE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOMES, KATHERYN 2322 NW 13 STREET FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EARL 1101 NW 29 TERR FT LAUD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/05
Date

Daytime Phone #