

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748948

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** DEERFIELD CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

360 SW 2ND AVENUE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

360 SW 2ND AVENUE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 59-1968982      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARD, HENRY  
360 S.W. 2 AVENUE  
DEERFIELD BEACH, FL 33441      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: WARD, HENRY  
Address: 267 NW 30TH AVE  
City-St-Zip: FT LAUDERDALE FL,

Title: SD      ( ) Delete  
Name: MURPHY, TYRONE  
Address: 6121 NW 44TH LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VTD      ( ) Delete  
Name: GRANT, AL  
Address: 370 SW 14TH ST  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TYRONE MURPHY

SD

09/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date