

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008662

**FILED**  
**Dec 08, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

6080 SW 17TH ST.  
POMPANO BEACH, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6080 SW 17TH ST.  
POMPANO BEACH, FL 33068

**New Mailing Address:**

**FEI Number:** 01-0570179      **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:**

TURNQUEST, CHARLES  
2140 N.W. 64 AVE  
SUNRISE, FL 33313      US

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

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:** CHARLES TURNQUEST

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** SD      ( ) Delete  
**Name:** TYRONE, JAMES  
**Address:** 2369 N.W. 98DR UNIT 504  
**City-St-Zip:** CORAL SPRING, FL 33065

**Title:** PDT      ( ) Delete  
**Name:** TURNQUEST, CHARLES  
**Address:** 2140 N.W. 64 AVE  
**City-St-Zip:** SUNRISE, FL 33313

**Title:** D      ( ) Delete  
**Name:** RON, JACKSON  
**Address:** 3874 GREENVIEW TER,  
**City-St-Zip:** WEST MARTGATE, FL 33063

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

**Title:** SD      (X) Change ( ) Addition  
**Name:** AARON, NURSE  
**Address:** 1712 N.W. 11TH AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33311

**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:** CHARLES TURNQUEST

PDT

12/08/2009

Electronic Signature of Signing Officer or Director

Date