


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90004 039 \*\*\*\*61.25

<b>DOCUMENT # N02000002223</b> 1. Entity Name <b>EMBASSY WORSHIP CENTER INTERNATIONAL, INCORPORATED</b>					
Principal Place of Business <b>2701 W. OAKLAND PARK BLVD., SUITE 320 OAKLAND PARK, FL 33311</b>			Mailing Address <b>2701 W. OAKLAND PARK BLVD., SUITE 320 OAKLAND PARK, FL 33311</b>		
2. Principal Place of Business <b>2700 W. Atlantic Blvd.</b>		3. Mailing Address <b>P.O. Box 101240</b>			
Suite, Apt. #, etc. <b>Suite 204</b>		Suite, Apt. #, etc.			
City & State <b>Pompano Beach</b>		City & State <b>Ft. Lauderdale, FL</b>			
Zip <b>33069</b>	Country	Zip <b>33310</b>	Country	4. FEI Number <b>04-3681275</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TURNER, SHEILA D 2601 E. OAKLAND PARK BLVD., SUITE 501 FT. LAUDERDALE, FL 33306</b>			7. Name and Address of New Registered Agent  Name <b>Everlyn Martin</b> Street Address (P.O. Box Number is Not Acceptable)  <b>16230 SW 100th Terrac</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33197</b>		
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 <b>Everlyn Martin</b> <span style="float: right;">5/10/5</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRIMM, N. CINDY</b> <b>2701 W. OAKLAND PARK BLVD., SUITE 320</b> <b>OAKLAND PARK, FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>N. Cindy Trimm</b> <b>2700 W. Atlantic Blvd #204</b> <b>Pompano Beach, FL 33069</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEAKEY, DEBBIE</b> <b>2701 W. OAKLAND PARK BLVD., SUITE 320</b> <b>OAKLAND PARK, FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Wendy Williams</b> <b>2700 W. Atlantic Blvd #204</b> <b>Pompano Beach, FL 33069</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DUNCOMBE, WENDY</b> <b>2701 W. OAKLAND PARK BLVD., SUITE 320</b> <b>OAKLAND PARK, FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Clyde Judson</b> <b>155 S. Miami Ave. PH-1C</b> <b>Miami, FL 33130</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COBBS, ERNEST</b> <b>3362 NW 151ST. TERR.</b> <b>OPA LOCKA, FL 33054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Everlyn Martin</b> <b>16230 100th Terrace</b> <b>Miami, FL 33196</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEAKEY, DEBBIE</b> <b>28 RAILWAY TRAIL</b> <b>MIAMI, FL 33130</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Deborah Trimm</b> <b>6 Dunsombe Lane Northshore</b> <b>Pembroke, Bermuda HM07</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARLINGTON, HANNA</b> <b>2251 N. FEDERAL HWY.</b> <b>POMPANO BEACH, FL 33060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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:** Wendy Williams 5/10/05 (954) 933-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #