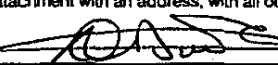


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-16-2004 90009 030 ****61.25

DOCUMENT # N03000003626					
1. Entity Name BROWARD CHRISTIAN DRAMA MINISTRY INC.					
Principal Place of Business 7900 NW 33 ST STE 101 DAVIE, FL 33024-2246			Mailing Address 7900 NW 33 ST STE 101 DAVIE, FL 33024-2246		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 364530909	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUITE, ARTHUR L 7900 NW 33 ST STE 101 DAVIE, FL 33024-2246				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SUITE, ARTHUR L		NAME		
STREET ADDRESS	1101 COLONY POINT CIR BLDG 4 APT 411		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SUITE, LORNA		NAME		
STREET ADDRESS	1101 COLONY POINT CIR BLDG 4 APT 411		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SUITE, SYDNEY O		NAME		
STREET ADDRESS	13451 LURAY RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCH, FL 33330		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALLEN, DWIGHT PASTOR		NAME		
STREET ADDRESS	9191 STIRLING ROAD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ORBE, MARIA		NAME		
STREET ADDRESS	6725 DOGWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CRICK, TERESA		NAME		
STREET ADDRESS	1133 N.W. 79TH DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33322		CITY-ST-ZIP		
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: 			07-26-04 954 432 8532 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARTHUR L. SUITE DIRECTOR					

66430793



07072004 Chg-NP CR2E037 (10/03)