


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000003626 1. Entity Name BROWARD CHRISTIAN DRAMA MINISTRY INC.	
--	---

Principal Place of Business 200 NW 33 ST STE 101 DAVIE, FL 33024-2246	Mailing Address 7900 NW 33 ST STE 101 DAVIE, FL 33024-2246
---	--

DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-4530909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUITE, ARTHUR L 7900 NW 33 ST STE 101 DAVIE, FL 33024-2246
--

DO NOT WRITE 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.

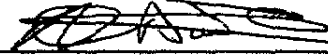
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000346271 04/30/05-80068-019 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, ARTHUR L 1101 COLONY POINT CIR BLDG 4 APT 411 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, LORNA 1101 COLONY POINT CIR BLDG 4 APT 411 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, SYDNEY O 13451 LURAY RD SOUTHWEST RANCH, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DWIGHT PASTOR 9191 STIRLING ROAD COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORBE, MARIA 6725 DOGWOOD DR. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICK, TERESA 1133 N.W. 79TH DR. FT. LAUDERDALE, FL 33322

DO NOT WRITE 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:  ARTHUR L. SUITE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04-20-05 <small>Date</small>	<small>Daytime Phone #</small>
---	--	--------------------------------