



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 36-4530909	
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				7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, ARTHUR L <input type="checkbox"/> Delete 1101 COLONY POINT CIR BLDG 4 APT 411 PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 000000656366 03/14/07-80022-018 61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, LORNA <input type="checkbox"/> Delete 1101 COLONY POINT CIR BLDG 4 APT 411 PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUITE, SYDNEY O <input type="checkbox"/> Delete 13451 LURAY RD SOUTHWEST RANCH, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DWIGHT PASTOR <input type="checkbox"/> Delete 9191 STIRLING ROAD COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORBE, MARIA <input type="checkbox"/> Delete 6725 DOGWOOD DR. MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICK, TERESA <input type="checkbox"/> Delete 1133 N.W. 79TH DR. FT. LAUDERDALE, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 03.01.07 9543046907					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					