

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90063 011 ***150.00

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**

40111941



07122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4530909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 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** **07-12-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FORMS NOT RECEIVED