

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003626

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: BROWARD CHRISTIAN DRAMA MINISTRY INC.

## Current Principal Place of Business:

7900 NW 33 ST STE 101  
DAVIE, FL 330242246

## New Principal Place of Business:

## Current Mailing Address:

7900 NW 33 ST STE 101  
DAVIE, FL 330242246

## New Mailing Address:

FEI Number: 36-4530909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUITE, ARTHUR L  
7900 NW 33 ST STE 101  
DAVIE, FL 330242246 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SUITE, ARTHUR L  
Address: 1101 COLONY POINT CIR BLGD 4 APT 411  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: SUITE, LORNA  
Address: 1101 COLONY POINT CIR BLGD 4 APT 411  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: SUITE, SYDNEY O  
Address: 13451 LURAY RD  
City-St-Zip: SOUTHWEST RANCH, FL 33330

Title: D ( ) Delete  
Name: ALLEN, DWIGHT PASTOR  
Address: 9191 STIRLING ROAD  
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete  
Name: ORBE, MARIA  
Address: 6725 DOGWOOD DR.  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: CRICK, TERESA  
Address: 1133 N.W. 79TH DR.  
City-St-Zip: FT. LAUDERDALE, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. SUITE

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

Date