

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004080

FILED
Apr 11, 2007
Secretary of State

Entity Name: BROWARD THEOLOGICAL UNIVERSITY INC

Current Principal Place of Business:

6043 KIMBERLY BLVD
STE #P
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6043 KIMBERLY BLVD
STE # P
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 43-2012677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, MARK A
6043 KIMBERLY
STE # P
NORTH LAUDERDALE, FL 33068 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: P () Delete
Name: JOHNSON, MARK A
Address: 6043 KIMBERLY BLVD STE #P
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: SMITH, OLDEN O PASTOR
Address: 6043 KIMBERLY BLVD STE #P
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: CHAP () Delete
Name: NASCO, JULIO
Address: 6043 KIMBERLY BLVD STE #P
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: M () Delete
Name: ALLEN, CORA
Address: 6043 KIMBERLY BLVD STE #P
City-St-Zip: FORT LAUDERDALE, FL 33068

Title: T () Delete
Name: WELLS, FELICIA
Address: 6043 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: AA () Delete
Name: FREDERICK, INGRID P
Address: 6043 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PRESTON, DONALD MIN.
Address: 6043 KIMBERLY BLVD STE #P
City-St-Zip: NORTH LAUDERDALE, FL 33068

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 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: MARK A. JOHNSON

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date