2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004679

FILED Feb 11, 2008 Secretary of State

Entity Name: NATION'S CHOICE WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 401 N.W. 183 TERR. 401 N.W. 183 TERR. MIAMI, FL 33169 MIAMI GARDENS, FL 33169 **Current Mailing Address: New Mailing Address:** 401 N.W. 183 TERR. 401 N.W. 183 TERR. MIAMI, FL 33169 MIAMI GARDENS, FL 33169 FEI Number: 26-0065938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILLER, ELOUISE MILLER, ELOUISE 401 N.W. 183 TERR. 401 N.W. 183 TERR. MIAMI GARDENS, FL 33169 US MIAMI, FL 33169 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: ELOUISE MILLER 02/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILLER, ELOUISE Name: Name: 401 N.W. 183 TERR. Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: SD () Delete Title: () Change () Addition ARSTNEK, CARMEN Name: Name: Address: 5029 SW 148TH PLACE Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, BETTY SUE Name: Name: 545 N. W. 77 STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: VD () Delete Title: () Change () Addition MILLER, WILLIAM P. SR. Name: Name: Address: 401 NW 183RD TERRACE Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: Title: EXD () Delete () Change () Addition INGHRAM, LENA MAE Name: Name: 12163 AREACA DRIVE Address: Address: City-St-Zip: WELLINGTON, FL 33414 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: ELOUISE MILLER PD 02/11/2008