

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002740

FILED
Mar 07, 2007
Secretary of State

Entity Name: HEART OF BOYNTON CLERGY ASSOCIATION, INC.

Current Principal Place of Business:

7741 NORTHTREE WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

1015 NW 4TH ST
PROVIDENT
BOYNTON BEACH, FL 33435

Current Mailing Address:

P. O. BOX 243651
BOYNTON BEACH, FL 33424

New Mailing Address:

1015 NW 4TH ST
PROVIDENT
BOYNTON BEACH, FL 33435

FEI Number: 55-0859459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, FREDERICK
7741 NORTHTREE WAY
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

HARRELL, ANNETTE B SEC
391 NE 28TH COURT
BOYNTON BEACH, FL 33435 US

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: PASTOR DR ANNETTE B. HARRELL

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SINGLETON, WILLIE R PASTOR
Address: 1572 W 36TH ST
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: DV () Delete
Name: BOYKINS, HELEN PASTOR
Address: 1630 NW 13TH COURT
City-St-Zip: FT LAUDERDALE, FL 33319 US

Title: DT () Delete
Name: KING, FREDERICK B
Address: 7741 NORTHTREE WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D () Delete
Name: DARVILLE, ANNIE DR
Address: 516 NW 5TH ST
City-St-Zip: BOYNTON BCH, FL 33435 US

Title: DS () Delete
Name: HARRELL, ANNETTE DR
Address: 391 NE 28TH COURT
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: DC () Delete
Name: WRIGHT, NORMAN PASTOR
Address: PO BOX 267
City-St-Zip: BOYNTON BEACH, FL 33425 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: BALDWIN, MARVA
Address: 1600 N FEDERAL HWY BAY#4&5
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: PASTOR DR ANNETTE B. HARRELL

DS

03/07/2007

Electronic Signature of Signing Officer or Director

Date