

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002740

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** HEART OF BOYNTON CLERGY ASSOCIATION, INC.

**Current Principal Place of Business:**

1015 NW 4TH ST  
PROVIDENT  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

1015 NW 4TH ST  
PROVIDENT  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 55-0859459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRELL, ANNETTE B SEC  
391 NE 28TH COURT  
BOYNTON BEACH, FL 33435 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: 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: BALDWIN, MARVA  
Address: 1600 N FEDERAL HWY BAY#4&5  
City-St-Zip: BOYNTON BEACH, FL 33435 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: ( ) 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: DR HARRELL

DS

03/17/2008

Electronic Signature of Signing Officer or Director

Date