2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002740

FILED Feb 28, 2009 Secretary of State

Entity Name: HEART OF BOYNTON CLERGY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1015 NW 4TH ST **PROVIDENT** BOYNTON BEACH, FL 33435 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete SINGLETON, WILLIE R PASTOR SINGLETON, WILLIE R PASTOR Name: Name: 1572 W 36TH ST Address: 1572 W 36TH ST Address: City-St-Zip: RIVIERA BEACH, FL 33404 US City-St-Zip: RIVIERA BEACH, FL 33404 US Title: () Delete Title: (X) Change () Addition BOYKINS, HELEN PASTOR Name: BOYKINS, HELEN PASTOR Name: Address: 1630 NW 13TH COURT Address: 1630 NW 13TH COURT City-St-Zip: FT LAUDERDALE, FL 33319 US City-St-Zip: FT LAUDERDALE, FL 33319 US Title: DT () Delete Title: () Change () Addition BALDWIN, MARVA Name: Name: 1600 N FEDERAL HWY BAY#4&5 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 US City-St-Zip: Title: () Delete Title: () Change () Addition DARVILLE, ANNIE DR Name: Name: Address: 516 NW 5TH ST Address: City-St-Zip: BOYNTON BCH, FL 33435 US City-St-Zip: Title: DS () Delete Title: () Change () Addition HARRELL, ANNETTE DR Name: Name: 391 NE 28TH COURT Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WRIGHT, NORMAN PASTOR DARVILLE, ANNIE DR

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.

Name:

Address:

City-St-Zip:

516 NW 5TH ST

BOYNTON BEACH, FL 33425 US

SIGNATURE: DR ANNETTE HARRELL RΑ 02/28/2009

Name:

Address:

City-St-Zip:

PO BOX 267

BOYNTON BEACH, FL 33425 US