## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000651

FILED Apr 30, 2007 Secretary of State

Entity Name: FORT LAUDERDALE CHRISTIAN CENTER INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11 REDWOOD CIRCLE PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 1460 NW 2ND STREET 11 REDWOOD CIRCLE #A101 PLANTATION, FL 33313 FORT LAUDERDALE,, FL 33311 FEI Number: 03-0555242 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCBRIDE, WILLIE JAMES 11 REDWOOD CIRCLE US PLANTATION, FL 33317 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: () Delete () Change () Addition MCBRIDE, WILLIE JAMES Name: Name: 11 REDWOOD CIRCLE Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition MCBRIDE, ALTHERIA Name: Name: Address: 11 REDWOOD CIRCLE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: ADM () Delete Title: () Change () Addition SCURLOCK, EDWARD A. Name: Name: 1460 NW 2ND STREET #A101 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: ADM () Delete Title: () Change () Addition Name: BROWN, JAMES E. Name: 425 SW 1ST COURT #303 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: SEC () Delete Title: () Change () Addition SCURLOCK, CASSANDRA Name: Name: 1460 NW 2ND STREET #A101 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition NEELY, ROSEMARY Name: Name: Address: 1231 NW 15TH AVENUE Address: FORT LAUDERDALE, FL 33311 City-St-Zip: 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: ALTHERIA MCBRIDE VP 04/30/2007