

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009602

FILED
Apr 04, 2009
Secretary of State

Entity Name: ABUNDANT GRACE COVENANT CHURCH, INC.

Current Principal Place of Business:

4700 SW 188 AVE.
FORT LAUDERDALE, FL 33332

New Principal Place of Business:

4700 SW 188 AVE.
SOUTHWEST RANCHES, FL 33332

Current Mailing Address:

175 SW 166TH AVE.
HOLLYWOOD, FL 33027

New Mailing Address:

175 SW 166TH AVE.
PEMBROKE PINES, FL 33027

FEI Number: 20-5559711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHU, BENJAMIN B
175 SW 166TH AVE
PEMBROKE PINES, FL 33027 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: CHU, BENJAMIN B
Address: 175 SW 166TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DVP () Delete
Name: CHIEN, BRIAN J
Address: 11303 RHAPSODY ROAD
City-St-Zip: COOPER CITY, FL 33026

Title: DS () Delete
Name: TSAI, SHIH FU
Address: 10060 NW 3RD ST.
City-St-Zip: PLANTATION, FL 33324

Title: DT () Delete
Name: CHEN, JOHNNY
Address: 13862 SW 39TH STREET
City-St-Zip: DAVIE, FL 33330

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:

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: BENJAMIN B. CHU

DP

04/04/2009

Electronic Signature of Signing Officer or Director

Date