

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005004

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF SUNRISE PRE-SCHOOL, INC.

**Current Principal Place of Business:**

6401 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6401 SUNSET TRIP  
SUNRISE, FL 33313

**New Mailing Address:**

6401 SUNSET STRIP  
SUNRISE, FL 33313

**FEI Number:** 06-1816150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARQUHARSON, AMOS N REV.  
11701 N W 17TH COURT  
PLANTATION, FL 33323 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: C ( ) Delete  
Name: FARQUHARSON, AMOS N REV.  
Address: 11701 N W 17TH COURT  
City-St-Zip: PLANTATION, FL 33323

Title: S ( ) Delete  
Name: JOHNSON, GLORIA  
Address: 3740 INVERRARY DRIVE, #E-1V  
City-St-Zip: LAUDERHILL, FL 33319

Title: T ( ) Delete  
Name: KING, CORINE  
Address: 6935 N W 29TH COURT  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: KING, CORINE  
Address: 6428 NW 52 CT.  
City-St-Zip: LAUDERHILL, FL 33319

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: AMOS N. FARQUHARSON

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date