2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N07000005507

Entity Name: BE ENCOURAGED IN THE WORD FAITH BASED COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business:

522 NE 4TH STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

522 NE 4TH STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 26-0297285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRELL, ANNETTE B
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: P-DR ( ) Delete
Name: HARRELL, ANNETTE B PASTOR
Address: 391 NE 29TH COURT
City-St-Zip: BOYNTON BEACH, FL 33435

Title: V-DR ( ) Delete
Name: BLACKMON-MORTON, ELAINE PROPHET
Address: 135 NE 5TH AV.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: V-DR ( ) Delete
Name: BANKS, ALBERT DEACON
Address: 518 NE 4TH STREET, SUITE A
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T-DR ( ) Delete
Name: GLINTON-CHARLES, RICHELLE MINISTE
Address: 539 NW 13TH AV
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S-DR ( ) Delete
Name: MORTON, ELIZABETH SISTER
Address: 110 NE 6TH AV
City-St-Zip: BOYNTON BEACH, FL 33435

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:

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: PASTOR DR HARRELL RA 03/03/2009

Electronic Signature of Signing Officer or Director — Date