2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N21993



ANNUAL REPORT (AR)				Mar 09, 2004 8:00 am	
DOCUMENT # N21993 1. Entity Name				Secretary of State	
NORTH POMPANO BAPTIST CHURCH HOLDING COMPAN			Y	03-09-2004 90013	3 010 ****70.00
Principal Place of Business		Mailing Address			
1101 NE 33 ST POMPANO BEACH FL 33064 US		1101 NE 33 ST POMPANO BEACH FL 33064 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR	2E037 (11/03)
City & State		City & State		4. FEI Number 59-0838095	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	- 1 co nequired
Name and Address of Current Registered Agent			Name	7. Name and Address of New Regis	tered Agent
110	ITIN, ŘAĽPH D REV 1. NW 33 RD ST MPANO BCH FL 33064	· •	Street Address	s (P.O. Box Number is Not Acceptable)	
PON	MPANO BCH FL 33064		City		FL Zip Code
the obligat	ions of registered agent.		tegistered Agent signature requi		DATE Check Payable to
	Due By May 1, 2004	Trust Fund Cor	ntribution.	Added to Fees Florida D	Pepartment of State
10.	OFFICERS AND DIF	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 10 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROGERS, JOSEPH 3151 NE 14 AVE POMPANO BEACH FL 33064	Delete	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIN, RALPH D 1101 NW 33RD STREET POMPANO BEACH FL 33064	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOTCHKIN, RICHARD 1651 NW 46TH POMPANO BEACH FL 33064	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darlene Moran 6131 Wiley St. Itollywood, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED