


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N33044	
1. Entity Name BRETHREN IN CHRIST CHURCH CORP.	

Principal Place of Business 930 HIALEAH DRIVE #6 HIALEAH FL 33010	Mailing Address 930 HIALEAH DRIVE #6 HIALEAH FL 33010
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 23-0536540	Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required							
<table border="1"> <tr> <th>6. Name and Address of Current Registered Agent</th> <th>7. Name and Address of New Registered Agent</th> </tr> <tr> <td rowspan="4">DIAZ, NORMA 41 E 20TH ST HIALEAH FL 33010</td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	DIAZ, NORMA 41 E 20TH ST HIALEAH FL 33010	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent							
DIAZ, NORMA 41 E 20TH ST HIALEAH FL 33010	Name							
	Street Address (P.O. Box Number is Not Acceptable)							
	City							
	State FL Zip Code							

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP DIAZ, MIGUEL 41 E 20TH ST HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000961161 04/02/08-80090-024 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BARRIO, RIGOBERTO 2571 WEST 72 PL MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HANES, EDUARDO 8928 SW 150 AVE. MAIMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RUGAMA, DAVID 1810 SW 1 ST #3 MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DIAZ, NORMA 240 EAST 20TH ST. HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: _____

3-14-08 (305)649-5998