2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000825

FILED Apr 18, 2006 Secretary of State

Entity Name: PEMBROKE PARK CHURCH OF CHRIST, BROWARD COUNTY, INC.

Current Principal Place of Business:			ness:	New Principal Pl	New Principal Place of Business:	
3707 S.W. PEMBROK	56 AVE. KE PARK, FL 33	3023	US			
Current Mailing Address:				New Mailing Add	New Mailing Address:	
3707 S.W. PEMBROK	56 AVE. KE PARK, FL 33	3023	US			
FEI Number:	65-0394118	FEI Nur	nber Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent F	Registered Agent:	Name and Addre	ess of New Registered Agent:	
SPIVEY, P 1711 NW 1 MIAMI, FL						
	named entity su of Florida.	ıbmits t	his statement for the p	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATUF						
SIGNATUF		Signat	ture of Registered Ag	ent	Date	
SIGNATUF OFFICER:		-	ture of Registered Ag		Date ANGES TO OFFICERS AND DIRECTORS	
	Electronic	ORS: Delete	ture of Registered Ag			
OFFICER: Title: vame: Address: City-St-Zip: Title: vame: Address:	Electronic S AND DIRECT PD () E FINCH, ROY 17201 N.W. 415 MIAMI, FL 33055	ORS: Delete T AVE. Delete BERT H ST.	ture of Registered Ag	ADDITIONS/CHA Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS	
OFFICERS Title: Name: Address:	PD () EFINCH, ROY 17201 N.W. 415' MIAMI, FL 33056' VD () EWILLIAMS, HERE 2940 N.W. 174TH MIAMI, FL 33056'	ORS: Delete T AVE. 5 Delete BERT H ST. 3 Delete L D AVE.	ture of Registered Ag	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Name: Address:	Electronic S AND DIRECT PD () E FINCH, ROY 17201 N.W. 41S MIAMI, FL 33056 VD () E WILLIAMS, HERE 2940 N.W. 174TH MIAMI, FL 33056 SD () E AUSTIN, SAMUEI 17921 N.W. 43RI MIAMI, FL 33056	ORS: Delete T AVE. Delete BERT H ST. Delete L DAVE. DAVE.	ture of Registered Ag	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	ANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY D BARNARD SR MR 04/18/2006