2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003747

FILED Apr 21, 2008 Secretary of State

Entity Name: POMPANO BEACH CHRISTIAN CENTER, INC.

Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
314 NE 2N POMPANC	D ST) BEACH, FL (33064				
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
4667 ST. S COCONUT	IMON DR. CREEK, FL :	33073				
FEI Number:	65-0431131	FEI Nun	nber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent R	egistered Agent:	Name and Address	of New Registered Agent:	
4667 ST. Ś COCONUT	CREEK, FL (US			
in the State		ubmits tr	is statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR						
	Electron	ic Signat	ure of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CORREA, ANTO 4667 ST. SIMOI COCONUT CRE	N DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD ()					
Name: Address: City-St-Zip:	VP () CORREA, THAL 4667 ST. SIMOI COCONUT CRE	N DR.	:073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	CORREA, THAL 4667 ST. SIMOI COCONUT CRE	.ES RB N DR. EEK, FL 33 Delete .ES N DR.		Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	CORREA, THAL 4667 ST. SIMOI COCONUT CRE T () CORREA, THAL 4667 ST. SIMOI COCONUT CRE	.ES RB N DR. :EK, FL 33 Delete .ES N DR. :EK, FL 33 Delete NANDO HB N DR.	3073	Name: Address: City-St-Zip: Title: Name: Address:		

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: ANTONIO B. CORREA P 04/21/2008