

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003917

FILED
Feb 23, 2009
Secretary of State

Entity Name: NATIONWIDE HOLINESS CHURCH OF BROTHERLY LOVE, INC.

Current Principal Place of Business:

5680 FELCHER STREET
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

5680 FLETCHER STREET
HOLLYWOOD, FL 33023 US

Current Mailing Address:

1691 S 57 AVENUE
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 59-2443329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANKLIN, JAMES
1691 S 57TH AVENUE
HOLLYWOOD, FL 33023 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 () Delete
Name: FRANKLIN, JAMES
Address: 1691 S 57TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33023

Title: T () Delete
Name: FOX, BEATRICE
Address: 5230 SW 21 ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: S () Delete
Name: LEWIS, LINDA
Address: 1860 S. 68 AVE APT 131
City-St-Zip: HOLLYWOOD, FL 33023

Title: T () Delete
Name: STEPHANIE, WILLIAMS
Address: 900 W NW 38 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VT () Delete
Name: FRANKLIN, RUBY
Address: 1691 2 57TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEWIS, LINDA
Address: 2334 GREENE STREET BLD.67 #2
City-St-Zip: HOLLYWOOD, FL 33020

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: JAMES FRANKLIN

O/D

02/23/2009

Electronic Signature of Signing Officer or Director

Date