2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005483

Address:

City-St-Zip:

HOLLYWOOD, FL 33024

FILED Apr 10, 2007 Secretary of State

Entity Name: CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.

Current Principal Place of Business: New Principal Place of Business: 2910 N 64TH AVE HOLLYWOOD, FL 33024 **Current Mailing Address: New Mailing Address:** 2910 N 64TH AVE HOLLYWOOD, FL 33024 US FEI Number: 65-0548593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRATT, BRUCE CABAL, FRANK 6321 HARDING STR. .2910 N. 64TH AVE HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US 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: FRANK CABAL 04/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition PRATT, BRUCE Name: Name: 6321 HARDING STR. Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: JUMPER, ANNIE Name: BILLIE, SALLY T Address: 6525 OSCEOLA CIRCLE WEST Address: 3021 NW 63RD AVE. City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: HOLLYWOOD, FL 33024 Title: () Delete Title: A.TD (X) Change () Addition CABAL, ALICIA CABAL, ALICIA J Name: Name: 3002 HOWARD TOMMIE DR. 3002 HOWARD TOMMIE DR. Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: HOLLYWOOD, FL 33024 Title: () Delete Title: SEC. (X) Change () Addition Name: CABAL, FRANK Name: CABAL, FRANK 3002 HOWARD TOMMIE DR. 3002 HOWARD TOMMIE DR. Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: HOLLYWOOD, FL 33024 Title: (X) Delete Title: () Change () Addition THINN, REGINA Name: Name: 3521 NW 63RD AVE

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.

Address:

City-St-Zip:

SIGNATURE: FRANK CABAL SEC. 04/10/2007