

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002005

FILED
Apr 05, 2009
Secretary of State

Entity Name: BODY OF CHRIST CHURCH OF BROWARD COUNTY INC.

Current Principal Place of Business:

4033 N.E. 7 AVE
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23177
FT. LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0563267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, W E REV
4033 NE 7 AVE
OAKLAND PARK, FL 33334 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: T () Delete
Name: HARTLEY, BRENDA
Address: 671 NE 40 CT
City-St-Zip: OAKLAND PARK, FL 33334

Title: T () Delete
Name: RAYMOND, G E
Address: 2060 N.W. 38 ST
City-St-Zip: WILTON MANORS, FL 33309

Title: T () Delete
Name: LINDA, ZELTNER
Address: 671 NE 40 CT
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: REV. W E ADAMS

RA

04/05/2009

Electronic Signature of Signing Officer or Director

Date