

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002141

FILED
Feb 27, 2006
Secretary of State

Entity Name: PINES BAPTIST CHURCH, INC.

Current Principal Place of Business:

800 NW 102 AVE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

800 NW 102 AVE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0407614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORGSTROM, KATHERINE
800 NW 102 AVENUE
PEMBROKE PINES, FL 33026 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: TD () Delete
Name: DAYE, PHILIP
Address: 9820 SHERIDAN STREET #108
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD () Delete
Name: DEMAURO, WILLIAM
Address: 1230 NW 92ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD () Delete
Name: CROMER, GARY
Address: 11734 SW 53 CT
City-St-Zip: COOPER CITY, FL 32331

Title: S () Delete
Name: GIRLING, JOHN
Address: 17920 NW 84 AVENUE
City-St-Zip: HIALEAH, FL 33015

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:

Title: S (X) Change () Addition
Name: YOUNG, DIANE
Address: 1661 NW 96TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

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: GARY CROMER

PD

02/27/2006

Electronic Signature of Signing Officer or Director

Date