2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # N95000004344 1. Entity Name 04-20-2005 90353 045 \*\*\*\*75.00 WEST BROWARD CHURCH OF GOD, INC. Principal Place of Business Mailing Address 4301 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33309 4301 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33309 2. Principal Place of Business 3. Mailing Address 760 NORTH STATE te, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For 65-0565836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired OWARD Fee Required LOWAN Name and Address of Current Registered Agent Name and Address of New Registered Agent CALLAM, THELMA R 520 LONG ISLAND AVE. FORT LAUDERDALE FL 33312 8. 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. I am familiar with, and accept the obligations of registered agent, SIGNAT Signature, typed or ne of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TD TITLE ☐ Delete TITLE Change Addition Addition MORGAN, FERDIE NAME 1821 N.W. 58TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33313 CITY-ST-7IP CITY-ST-ZIP PD Delete ☐ Change ☐ Addition CLARKE, MAURICE A NAME 4301 N.W. 35TH AVE. STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33309 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition MARTIN, DESMOND NAME NAME 131-CAROLINA AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TAPPER, DELBERT NAME NAME 470 N.W. 42ND STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition CRICHLOW, CECIL NAME NAME 6841 BROAD MOOR STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MITCHELL, CARLTON NAME NAME 220 SW 29 AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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, eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ap-addiess, with all other like-grapowered.

SIGNATURE:

OFFICER OF DIRECTOR

FILED