## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004344

Entity Name: WEST BROWARD CHURCH OF GOD, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4760 NORT LAUDERDA	TH SR 7 ALE LAKES, FL	. 33319						
Current Mailing Address:				New Mailing Address:				
4301 N.W. 35TH AVENUE LAUDERDALE LAKES, FL 33309				4760 NORTH STATE ROAD SEVEN LAUDERDALE LAKES, FL 33319				
FEI Number: 65-0565836 FEI Number Applied For ( ) FEI Nu			FEI Nun	nber Not Applicable ( ) Certificate		Certificate of Status De	sired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
4760 NORT	SISHOP MAURI TH SR 7, BLDG ALE LAKES, FL	D						
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered of	ffice or registered age	ent, or both,	
SIGNATURE:								
Electronic Signature of Registered Agent						Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD/S () Delete MORGAN, FERDIE 1821 N.W. 58TH AVENUE LAUDERHILL, FL 33313			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition			
Title: Name: Address: City-St-Zip:	PD () [ CLARKE, MAURI 4301 N.W. 35TH LAUDERDALE L/	AVE.		Title: Name: Address: City-St-Zip:	PD (X) CLARKE, MAUR 12642 SW 28 S MIRAMAR, FL	STREET		
Title: Name: Address: City-St-Zip:	D () [ MARTIN, DESMO 131 CAROLINA A FT. LAUDERDAL	VENUE		Title: Name: Address: City-St-Zip:	D (X) TAPPER, DELB 470 NW 42ND S POMPANO BEA	STREET		
Title: Name: Address: City-St-Zip:	D () ETAPPER, DELBE 470 N.W. 42ND S POMPANO BEAC	STREET		Title: Name: Address: City-St-Zip:	CRICHLOW, CE 6841 BROAD M			
Title: Name: Address: City-St-Zip:	D () E CRICHLOW, CEC 6841 BROAD MC NORTH LAUDER	OOR		Title: Name: Address: City-St-Zip:	MITCHELL, CAF 220 SW 29 AVE			
Title: Name: Address: City-St-Zip:	D (X) I MITCHELL, CAR 220 SW 29 AVEN FORT LAUDERD	IUE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		

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: MAURICE A. CLARKE PD 01/04/2007