

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004344

FILED
Jan 28, 2009
Secretary of State

Entity Name: WEST BROWARD CHURCH OF GOD, INC.

Current Principal Place of Business:

4760 NORTH SR 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4760 NORTH SR 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-0565836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARKE, BISHOP MAURICE A
4760 NORTH SR 7, BLDG D
LAUDERDALE LAKES, FL 33319 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/S () Delete
Name: MORGAN, FERDIE
Address: 1821 N.W. 58TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: PD () Delete
Name: CLARKE, MAURICE A
Address: 12642 SW 28 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: TAPPER, DELBERT
Address: 470 NW 42ND STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: GOULD, MICHAEL
Address: 6501 NW 9TH STREET
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: MITCHELL, CARLTON
Address: 220 SW 29 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: DOUGLAS, GARY
Address: 9370 NW 20 PLACE
City-St-Zip: SUNRISE, FL 33322

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: () Change () Addition
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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: MAURICE A. CLARKE

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date