2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003515

1. Entity Name
PINES CHRISTIAN WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
9676 PINES BLVD PEMBROKE PINES, FL 33024 US	9676 PINES BLVD PEMBROKE PINES, FL 33024 US

03212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0844842
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, LEE
16254 SW 18TH PL
MIRAMAR, FL 33027

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAWKINS, LEE
STREET ADDRESS	16254 SW 18TH PL
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	CD
NAME	WALLACE HAWKINS, JORETTA
STREET ADDRESS	16254 SW 18TH PL
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VCD
NAME	HAYNES, ERIC
STREET ADDRESS	P O BOX 491123[
CITY-ST-ZIP	FT LAUDERDALE, FL 33346
TITLE	DS
NAME	JOHNSON, CYNTHIA
STREET ADDRESS	7936 ORLEANS ST
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	LEVY, CHARLES ESQ
STREET ADDRESS	400 E ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	DEL ROSARIO, JACQUELINE
STREET ADDRESS	10600 SW 135TH TERR
CITY-ST-ZIP	MIAMI, FL

U00000506760
04/27/06-80036-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-8-06 954-593-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #