

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 9676 PINES BLVD PEMBROKE PINES, FL 33024 US	Mailing Address 9676 PINES BLVD PEMBROKE PINES, FL 33024 US
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03212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0844842	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent HAWKINS, LEE 16254 SW 18TH PL MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

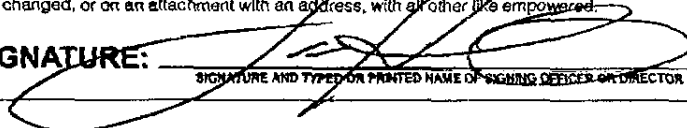
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

000000506760
04/27/06-80036-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06 954-593-5912
Date Daytime Phone #