

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002731

FILED
Feb 26, 2008
Secretary of State

Entity Name: NETWORKING FOR CHRIST MINISTRY, INC.

Current Principal Place of Business:

6122 WASHINGTON ST.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6122 WASHINGTON ST.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-0913611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, TREVOR A
8930 NW 8TH ST.
PEMBROKE PINES, FL 33024 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: PD () Delete
Name: GRANT, TREVOR A
Address: 8930 NW 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: SCOTT, NELETA R
Address: 20081 NW 13CT
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: BAILEY, SEYMOUR
Address: 6621 BOXWOOD DR.
City-St-Zip: MIRAMAR, FL 33023

Title: TS () Delete
Name: BAILEY, MAUDE
Address: 6621 BOXWOOD DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: PARKER, DOREEN
Address: 250 SW 11 AVE
City-St-Zip: HALLANDALE, FL 33039

Title: D () Delete
Name: BATCHELOR, NIGEL
Address: 4160 NW 21 ST. #144
City-St-Zip: LAUDERHILL, FL 33309

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARKER, DOREEN
Address: 2011 SW 100 AVE
City-St-Zip: MIRAMAR, FL 33025

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: TREVOR GRANT

PD

02/26/2008

Electronic Signature of Signing Officer or Director

Date