

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002731

FILED  
May 07, 2012  
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  
Name: GRANT, TREVOR A  
Address: 8930 NW 8TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

Title: S  
Name: BAILEY, MAUDE  
Address: 6621 BOXWOOD DR.  
City-St-Zip: MIRAMAR, FL 33023

Title: D  
Name: JOHNSON, MORCIA  
Address: 2500 SUNSHINE BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: S  
Name: VINCENT, GLENYS  
Address: 6122 WASHINGTON STREET  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: TREVOR GRANT

P

05/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date