

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90234 046 ****70.00

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1. Entity Name
BROWARD WORSHIP CENTRE CORPORATION



Principal Place of Business
6289 W SUNRISE BLVD
NO. 117
SUNRISE, FL 33313

Mailing Address
6289 W SUNRISE BLVD
NO. 117
SUNRISE, FL 33313



04262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0923814

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PALMER, EMANUEL S
3330 SPANISH MOSS TERRACE
LAUDERHILL, FL 33319

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALMER, EMANUEL S
STREET ADDRESS 3330 SPANISH MOSS TERR
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE VPD
NAME DILLON, ARTHUR
STREET ADDRESS 300 FLORIDA AVE.
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VPD
NAME SEVILLE, BRIDGETTE
STREET ADDRESS 7 MANOR
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE VPD
NAME SONJA WHYTE
STREET ADDRESS 6892 LANTERNKEY DR.
CITY-ST-ZIP LAKEWORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #