

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003194

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**



DO NOT WRITE IN THIS SPACE

02102005 No Chg-NP

CR2E037 (10/03)

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 reappointing)

DATE

2-10-2005

**Filing Fee is \$61.25
Due by May 1, 2005**

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	WHYTE, SONJA
STREET ADDRESS	6892 LANTERN KEY DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80051-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(f), 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 #

EMANUEL S. PALMER **2-10-05**

PH 954-321-0049