

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 08:00 A**  
**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**



07052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**8-27-07**

**Filing Fee is \$61.25  
Due by September 14, 2007**

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	WARREN, SONIA
STREET ADDRESS	5540 NW 31 AVE #101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	COPD
NAME	PALMER, SONIA
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	

U00000773059  
08/30/07-80003-008 61.25

**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

Date

Debit Phone #

**8-27-07** **954 621-0049**