

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N99000003194**

1. Entity Name

**BROWARD WORSHIP CENTRE CORPORATION**



**FILED**

09 OCT -8 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282009 REIN-NP

CR2E099 (1/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**9-28-09**

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2010, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME **100161497581**  
STREET ADDRESS **10/08/09-01029-001 \*\*\*61.25**  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME SEVILLE, BRIDGETTE  
STREET ADDRESS 4748 NW 7 MANOR  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME AUSTIN, SEYMOUR  
STREET ADDRESS 1320 NW 43 TERRACE # 107  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**9-28-09**

Date

Daytime Phone #