

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 724676

**Entity Name:** THE SOUTH FLORIDA CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

9191 ORANGE DRIVE  
DAVIE, FL 33328

**Current Mailing Address:**

9191 ORANGE DRIVE  
DAVIE, FL 33328 US

**FEI Number:** 59-2434239

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HATTAWAY, MARY J  
9191 ORANGE DRIVE  
DAVIE, FL 33328 US

*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

**Officer/Director Detail :**

Title P  
Name BRUSH, JOHN  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title D  
Name PARNELL, PATRICIA  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title D  
Name PALACIOS, CARLOS  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title D  
Name SORTO, JOSE  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title S  
Name HATTAWAY, MARY J  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title D  
Name HALL, ALICE  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title D  
Name MITCHELL, ROBERT  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name CLEALAND, WYSMAR  
Address 9191 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33328

**Continues on page 2**

*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:** MARY HATTAWAY

**CFO - SECRETARY**

**10/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SESSION, KENNETH
Address	9191 ORANGE DRIVE
City-State-Zip:	DAVIE FL 33328