

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732738

**Entity Name:** CHANGERS WORSHIP CENTER, INC.**Current Principal Place of Business:**610 S.W. 4TH STREET  
DELRAY BEACH, FL 33444**Current Mailing Address:**P.O. BOX 6903  
DELRAY BEACH, FL 33482 US**FEI Number:** 65-0046284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, MICHELLE  
7633 NW GREENBANK CIR.  
PORT ST. LUCIE, FL 34987 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 PCMD  
Name CLARK, DAVID B  
Address 7633 NW GREENBANK CIR.  
City-State-Zip: PORT ST. LUCIE FL 34987

Title D  
Name SMITH, WIL  
Address 122 LAKE MONETEREY CIR.  
City-State-Zip: BOYNTON BEACH FL 33426

Title S  
Name CLARK, CARLA  
Address P.O. BOX 6411  
City-State-Zip: DELRAY BEACH FL 33482

Title DIRECTOR  
Name SIMMONS, DAVID  
Address P.O. BOX 9222  
City-State-Zip: MONTGOMERY AL 36108-9222

Title MD  
Name CLARK, MICHELLE A  
Address 7633 NW GREENBANK CIR  
City-State-Zip: PORT ST. LUCIE FL 34987

Title VT  
Name HEAD, LILLIE Q  
Address 566 UDELL LANE  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name BUNCH, ELWANDA L  
Address 1011 CHERYL ROAD  
City-State-Zip: HAVERHILL FL 33417

*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: DAVID B. CLARK****PCMD****04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date