

**2025 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	MD
Name	CLARK, MICHELLE A
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	VT
Name	HEAD, LILLIE Q
Address	566 UDELL LANE
City-State-Zip:	DELRAY BEACH FL 33445

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

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

Title	DIRECTOR
Name	SIMMONS, DAVID
Address	3111 TRASONA DRIVE
City-State-Zip:	MELBOURNE FL 32940

*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

03/17/2025

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