

2020 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
4157 NAPOLI LAKE DRIVE
PALM BEACH GARDENS, FL 33410 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	4157 NAPOLI LAKE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MD
Name	CLARK, MICHELLE A
Address	4157 NAPOLI LAKE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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	P.O. BOX 9222
City-State-Zip:	MONTGOMERY AL 36108-9222

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****03/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date