

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90053 015 ****70.00

DOCUMENT # N01392 1. Entity Name THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA, INC					
Principal Place of Business 14701 N.W. 7 AVENUE MIAMI, FL 33168-3103 US			Mailing Address 14701 N.W. 7 AVENUE MIAMI, FL 33168-3103 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2371125
5. Certificate of Status Desired ☒					Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent WILLIAMS, HERMAN K. 218 NE 199 TERRACE MIAMI, FL 33179					7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUFFIE, ESSIE C 195 NE 160TH STREET MIAMI, FL 33162 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, REBECCA 20389 NE 7TH COURT MIAMI, FL 33179 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADDISON, CLIFTON 20027 NW 64TH PLACE MIAMI, FL 33015 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harris, Tim 19221 W. St-Andrew Drive Miami Lakes, FL 33015 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYCHE, KERMIT 19274 NW 12TH ST PEMBROKE PINES, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADDERLY, T.C. JR 1885 NW 14TH AVENUE RD MIAMI, FL 33169 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, HERMAN K. 218 NE 199 TERR MIAMI, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date 1/22/04 Daytime Phone #		