2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N01392

Entity Name: THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA, INC

Current Principal Place of Business:

14701 N.W. 7 AVENUE
MIAMI, FL 331683103 US

New Principal Place of Business:

Current Mailing Address:

14701 N.W. 7 AVENUE
MIAMI, FL 331683103 US

New Mailing Address:

FEI Number: 59-2371125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHISHOLM, RICHARD L
3900 S.W. 145TH AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: ADDERLY, T C JR
Address: 18850 N.W. 14 AVENUE ROAD
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete
Name: MCBRIDE, MICHAEL
Address: 5162 S.W. 139 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: TD ( ) Delete
Name: JOHNSON, JOE C
Address: 816 N.W. 1 AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: WYCHE, KERMIT
Address: 19274 NW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete
Name: HARRIS, TIM
Address: 19221 W. ST. ANDREW DRIVE
City-St-Zip: MIAMI, FL 33015

Title: PD ( ) Delete
Name: WILLIAMS, HERMAN K.,
Address: 218 NE 199 TERR
City-St-Zip: MIAMI, FL 331792934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: JOHNSON, JOE C
Address: 816 N.W. 1 AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: 2VD (X) Change ( ) Addition
Name: MCBRIDE, MICHAEL
Address: 5162 S.W. 139 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: S (X) Change ( ) Addition
Name: JONES, REBECCA
Address: 20638 N.E. 7 COURT
City-St-Zip: MIAMI, FL 33179

Title: T (X) Change ( ) Addition
Name: WILKINSON, KAREN
Address: 7816 DILIDO BLVD.
City-St-Zip: MIRAMAR, F 33023

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, HERMAN K.,
Address: 218 N.E. 199 TERRACE
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERMAN K. WILLIAMS PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date