2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000182

1. Entity Name
ILLUMINATION CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
5205 79TH STREET TAMPA, FL 33619	5205 79TH STREET TAMPA, FL 33619

04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1143429
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEBOSE, ANGELA W
1107 W KIRBY STREET
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005518814
05/02/06-80029-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASHINGTON, JOSEPH REV.
STREET ADDRESS	5205 79TH STREET
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	WASHINGTON, BERTHA
STREET ADDRESS	5205 79TH STREET
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	WASHINGTON, LAVONNE
STREET ADDRESS	5205 79TH STREET
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LaVonne Washington / LaVonne Washington 4/17/06 813-677-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #