2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

DOCUMENT # N04000000969 FILED RIGHT DIRECTION CHRISTIAN CENTER, INC. JAN 26 AN IO: 36 SECRETARY OF STATE Principal Place of Business Mailing Address 1747 N.E. CAPITAL CIRCLE #807 1747 N.E. CAPITAL CIRCLE #807 TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For <u> 63 - 6532133</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYANT, GENERAL JR. 1747 N.E. CAPITAL CIRCLE #807 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 Zip Code City 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. 02/07/05--01043--009 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Presiden Delete TITLE TITLE Addition Bryan RIVERS, DIANA JR. int! NAME NAME 1455 CAPITOLA RD STREET ADDRESS STREET ADDRESS 8364 32312 CITY-\$T-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP Delete TITLE TITLE NAME JACKSON, SHARON NAME STREET ADDRESS RT 2 BOX 182 ROAD TO THE LAKE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Buron Barnhart SIPLIN, JERMAIN NAME NAME 1086 COUK Rd STREET ADDRESS 11578 BUDHENRY PLACE STREET ADDRESS Lamont FL 32336 CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-7iP TITLE Delete TITLE ☐ Change Addition James A. Bellemy SIPLIN, NICOLE NAME NAME 532 W. Georiga STREET ADDRESS 11578 BUDHENRY PLACE STREET ADDRESS 323æ1 Tallahassee FL CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP Member TITLE Delete TITLE Addition ☐ Change cedric spradley 642 millwood Dr NAME **TOLLIVER, ERNESTINE** NAME 949 CAP TRAM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP TALLAHASSEE, FL 32317 CITY-ST-ZIP 32<u>333</u> Delete TITLE ☐ Change Addition Harris Sandia MILLER, JACKIE NAME NAME 8978 Nazareth Alice Or STREET ADDRESS 6759 VETERANS MEMORIAL DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP FL 32309 Tallahassee 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.

ME OF SIGNING OFFICER OR DIRECTOR