## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000005214

FILED Jan 24, 2011 Secretary of State

Entity Name: ARMOR OF FAITH CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

6118 DAWNRIDGE RD S
JASKCONVILLE, FL 32277

6118 DAWNRIDGE RD S
JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

6118 DAWNRIDGE RD S P.O.BOX 8794

JASKCONVILLE, FL 32277 JACKSONVILLE, FL 32239

FEI Number: 30-0567109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, CRAIG S SR
6118 DAWNRIDGE RD S
JASKCONVILLE, FL 32277 US
CAMPBELL, CRAIG S SR
6118 DAWNRIDGE RD S
JACKSONVILLE, FL 32277 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: 01/24/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: CAMPBELL, CRAIG S SR Address: 6118 DAWNRIDGE RD S City-St-Zip: JACKSONVILLE, FL 32277

Title: D

Name: REED, WILLIE

Address: 6118 DAWNRIDGE RD S City-St-Zip: JACKSONVILLE, FL 32277

Title: T

Name: CAMPBELL, STEPHANIE Address: 6118 DAWNRIDGE RD S City-St-Zip: JACKSONVILLE, FL 32277

Title:

 Name:
 REED, KENYETTA

 Address:
 6118 DAWNRIDGE RD S

 City-St-Zip:
 JACKSONVILLE, FL 32277

Title:

 Name:
 WEST, EBONY

 Address:
 6118 DAWNRIDGE RD S

 City-St-Zip:
 JACKSONVILLE, FL 32277

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: CRAIG S. CAMPBELL, SR. P 01/24/2011