

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001090 1. Corporation Name FAITH CHRISTIAN FAMILY CENTER, INC. Route 2, Box 579 Tallahassee, FL 32311			
Principal Place of Business		Mailing Address P.O. Box 5972 Tallahassee, FL 32301	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent Howard McMillan Route 2, Box 579 Tallahassee, FL 32311		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	Howard F. McMillan	1.1 TITLE	Change Addition
NAME	Route 2, Box 579	1.2 NAME	
STREET ADDRESS	Tallahassee, FL 32311	1.3 STREET ADDRESS	000002216760--5
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-06/19/97--01005--010
TITLE D	Harold W. Edwards	2.1 TITLE	Change Addition
NAME	703 Coble Drive	2.2 NAME	
STREET ADDRESS	Tallahassee, FL 32301	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	Peggy Rogers	3.1 TITLE	Change Addition
NAME	2710 Lake Munson Street	3.2 NAME	
STREET ADDRESS	Tallahassee, FL 32301	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	Perry West	4.1 TITLE	Change Addition
NAME	934 Cochran Drive	4.2 NAME	
STREET ADDRESS	Tallahassee, FL 32301	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	Geneva Anderson	5.1 TITLE	Change Addition
NAME	3516 Sunnyside Drive	5.2 NAME	
STREET ADDRESS	Tallahassee, FL 32301	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	Clarence Anderson	6.1 TITLE	Change Addition
NAME	3516 Sunnyside Drive	6.2 NAME	
STREET ADDRESS	Tallahassee, FL 32301	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/18/97 Daytime Phone # 656-1491	

CR2E037 (9/96)