

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001090					
1. Corporation Name FAITH CHRISTIAN FAMILY CENTER, INC.					
Principal Place of Business 310 LAURA LEE AVENUE TALLAHASSEE FL 32301			Mailing Address P.O. BOX 5972 TALLAHASSEE FL 32314		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3328326	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMILLAN, HOWARD 4001 CHAIRES CROSS ROAD TALLAHASSEE FL 32314				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	MCMILLAN, HOWARD F			1.2 NAME			
STREET ADDRESS	4001 CHAIRES CROSS ROAD			1.3 STREET ADDRESS	700002959487--9		
CITY-ST-ZIP	TALLAHASSEE FL 32314			1.4 CITY-ST-ZIP	-08/13/99--01086--005		
TITLE	D	☐ DELETE		2.1 TITLE	****122.58 ☐ Change ☐ Addition		
NAME	EDWARDS, HAROLD W			2.2 NAME			
STREET ADDRESS	703 COBLE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	ROGERS, PEGGY			3.2 NAME			
STREET ADDRESS	2710 LAKE MUNSON STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	WEST, PERRY			4.2 NAME			
STREET ADDRESS	934 COCHRAN DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			4.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	EDWARDS, PATRICIA			5.2 NAME			
STREET ADDRESS	703 COBLE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	ANDERSON, CLARENCE			6.2 NAME			
STREET ADDRESS	3516 SUNNYSIDE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)