

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001090

1. Entity Name
FAITH CHRISTIAN FAMILY CENTER, INC.



FILED

04 APR 29 PM 4:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3328326

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMILLAN, HOWARD
4001 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32314**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCMILLAN, HOWARD F**
STREET ADDRESS **4001 CHAIRES CROSS ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32314**

TITLE **D** ☐ Delete
NAME **EDWARDS, HAROLD W**
STREET ADDRESS **703 COBLE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **ROGERS, PEGGY**
STREET ADDRESS **2710 LAKE MUNSON STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **WEST, PERRY**
STREET ADDRESS **934 COCHRAN DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **S** ☐ Delete
NAME **EDWARDS, PATRICIA**
STREET ADDRESS **703 COBLE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **ANDERSON, CLARENCE**
STREET ADDRESS **3516 SUNNYSIDE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

500035792265
05/10/04--01018--005 4:12.00

4/29/04