

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



05242006 Chg-NP CR2E037 (4/06)

DOCUMENT # N96000001090 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3328326	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCMILLAN, HOWARD 4001 CHAIRES CROSS ROAD TALLAHASSEE, FL 32314				7. Name and Address of New Registered Agent 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 September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, HOWARD F 4001 CHAIRES CROSS ROAD TALLAHASSEE, FL 32314	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075549347 05/31/06--01018--023 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, HAROLD W 703 COBLE DRIVE TALLAHASSEE, FL 32301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, PEGGY 2710 LAKE MUNSON STREET TALLAHASSEE, FL 32301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, PERRY 934 COCHRAN DRIVE TALLAHASSEE, FL 32301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, PATRICIA 703 COBLE DRIVE TALLAHASSEE, FL 32301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CLARENCE 3516 SUNNYSIDE DRIVE TALLAHASSEE, FL 32301	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5/24/06				Day Phone #	