

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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07172007 Chg-NP CR2E037 (12/06)

DOCUMENT # N96000001090

1. Entity Name
FAITH CHRISTIAN FAMILY CENTER, INC.



Principal Place of Business
**310 LAURA LEE AVENUE
TALLAHASSEE, FL 32301 US**

Mailing Address
**P.O. BOX 5972
TALLAHASSEE, FL 32314**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
59-3328326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMILLAN, HOWARD F
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 14, 2007**

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, HOWARD F	NAME	
STREET ADDRESS	4001 CHAIRES CROSS ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDWARDS, HAROLD W	NAME	
STREET ADDRESS	703 COBLE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROGERS, PEGGY	NAME	
STREET ADDRESS	2710 LAKE MUNSON STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEST, PERRY	NAME	
STREET ADDRESS	934 COCHRAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDWARDS, PATRICIA	NAME	
STREET ADDRESS	703 COBLE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSON, CLARENCE	NAME	
STREET ADDRESS	3516 SUNNYSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	

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: **7/17/07** Daytime Phone #: **671-3881**

jc 7/17