

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001090

1. Entity Name
FAITH CHRISTIAN FAMILY CENTER, INC.



FILED

08 JUL 23 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07232008 Chg-NP CR2E037 (12/06)

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 12, 2008**

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

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

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

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

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

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

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

100133372651
07/24/08--01004--001 **140.00

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

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

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

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 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 names like empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/23/08 Daytime Phone # 671-3030