

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001430

FILED
Jan 18, 2010
Secretary of State

Entity Name: FAMILY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6574 N. STATE RD. 7
362
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6574 N. STATE RD. 7
362
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-8413356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HODGES JR., PERRY W. ESQ.
1401 E. BROWARD BLVD., #300
FT. LAUDERDALE, FL 333012116 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD
Name: STEELY, DAVID
Address: 486 1ST STREET - BIBLE CONF. ESTATES
City-St-Zip: BOCA RATON, FL 33432

Title: PD
Name: THOMAS, SHYRL
Address: 7920 WEST UPPER RIDGE DR.
City-St-Zip: PARKLAND, FL 33076

Title: SD
Name: TEDESCO, PAUL
Address: 13414 N.W. 11TH DR.
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHYRL W. THOMAS

PD

01/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date