

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 14, 2011  
Secretary of State**

DOCUMENT# N07000001430

**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:**

4801 JOHNSON ROAD  
SUITE 1  
COCONUT CREEK, FL 33073

**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: 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 THOMAS

PD

06/14/2011

Electronic Signature of Signing Officer or Director

Date