


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90003 006 ****61.25

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| DOCUMENT # 700663 |  |
| 1. Entity Name ATLANTIC CHRISTIAN FUND INCORPORATED | |

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| Principal Place of Business 850 BEVILLE ROAD DAYTONA BEACH FL 32114 | Mailing Address 850 BEVILLE ROAD DAYTONA BEACH FL 32114 |
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| 2. Principal Place of Business - No P.O. Box # Willie R. Henry Suite, Apt. #, etc. 850 Beville Rd City & State Daytona Bch FL Zip 32114 | 3. Mailing Address 1016 Indian Oaks E Suite, Apt. #, etc. City & State Holly Hill FL Zip 32117 |
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2nd MOORE CR2E037 (4/08)

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| 4. FEI Number 59-1004175 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GOODWIN, TED 6236 POPLAR GROVE DR PORT ORANGE FL 32127 | 7. Name and Address of New Registered Agent Name Willie R. Henry Street Address (P.O. Box Number is Not Acceptable) 1016 Indian Oaks East City Holly Hill FL Zip Code 32117 |
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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 Willie R. Henry 8/23/08
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 Due By September 3, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WADE, GARY 885 PINEAPPLE RD SOUTH DAYTONA FL 32120 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, JACK 6116 DEL RIO DR PORT ORANGE FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOODHAM, PHILIP 1712 CALDWELL RD SOUTH DAYTONA FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENRY, RAY 116 PALM DR DAYTONA BEACH FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Henry, Willie R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1016 Indian Oaks E Holly Hill FL 32117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GOODWIN, TED 6236 POPLAR GROVE DR PORT ORANGE FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GRIFFEY, CHARLES 1709 ORANGE TREE DR EDGEWATER FL 32132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Willie R. Henry - Willie R. Henry - 8/23/08