2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719892

FILED Jan 26, 2009 Secretary of State

Entity Name: FLORIDA CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1115 S EDGEWOOD AVE S JACKSONVILLE, FL 322052381 US **Current Mailing Address: New Mailing Address:** 149 WELDON PKWY STE 115 MARYLAND HEIGHTS, MO 630433103 US FEI Number: 59-0624397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAGEMANN, DENNIS MR Name: Name: 5853 DELOR ST Address: Address: City-St-Zip: ST LOUIS, MO 63109 US City-St-Zip: Title: Title: () Delete () Change () Addition ZIMMERMAN, GARY MR Name: Name: Address: 95 PEBBLEBROOK LN Address: City-St-Zip: ST LOUIS, MO 63146 US City-St-Zip: Title: () Delete Title: () Change () Addition HULL, RICHARD REV Name: Name: 2841 RIVERSIDE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 US City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: SKELTON, MITCHELL REV Name: 1041 EDGEWOOD AVE S Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: () Delete Title: (X) Change () Addition HERTH, MELISSA MS WILLIAMS, CAROL MS Name: Name: 9321 JAYHAWK LN 2361 BROWARD RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32205 Title: () Delete Title: (X) Change () Addition RICHARDSON, DANIEL MR RICHARD, DANIEL MR Name: Name: Address: 4631 ALGONQUIN AVE Address: 4631 ALGONQUIN AVE JACKSONVILLE, FL 32201 JACKSONVILLE, FL 32201 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY RUTH CRAWFORD SECY 01/26/2009