


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732213</b> 1. Entity Name <b>A BETTER DAY FOR PEOPLE IN CHRIST, INC.</b>					
Principal Place of Business <b>4421 S.W. 55TH AVENUE DAVIE FL 33314</b>			Mailing Address <b>4421 S.W. 55TH AVENUE DAVIE FL 33314</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>25-9449265</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PALMER, PATRICK 4400 N.W. 24TH ST. FT LAUDERDALE FL 33313</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>NATHANIEL WILLIAMS PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>4-3-06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ALICE VP 4421 S.W. 55 AVE. DAVIE FL 33314 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SALTERS, REGINA SEC. 617 NW 43 ST. OAKLAND PARK FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE WILLIAMS, JOHNNY TRE 4421 SW 55 AVE. DAVIE FL 33314 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NATHANIEL P 4421 S.W. 55 AVE. DAVIE FL 33314 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
U00000501059 04/25/06-80046-017 61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 Section 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.