2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732213

FILED Apr 03, 2009 Secretary of State

Entity Name: A BETTER DAY FOR PEOPLE IN CHRIST, INC.

Current P	Principal Place of Business:	New Principal Place of B	usiness:
4421 S.W DAVIE, FL	. 55TH AVENUE _ 33314		
Current N	Nailing Address:	New Mailing Address:	
4421 S.W DAVIE, FL	. 55TH AVENUE _ 33314		
FEI Number	r: 25-9449265 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Age	nt: Name and Address of Ne	w Registered Agent:
4400 N.W	PATRICK 2. 24TH ST. ERDALE, FL 33313 US		
The above	and the second s		
	e of Florida.	r the purpose of changing its registered offi	ce or registered agent, or both,
	e of Florida. ** RE:		
in the Stat	e of Florida.		ce or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. ** RE:	ed Agent	
in the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registere	ed Agent ADDITIONS/CHANGES TO	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	RE: Electronic Signature of Registere S AND DIRECTORS: VP () Delete WILLIAMS, ALICE VP 4421 S.W. 55 AVE.	ADDITIONS/CHANGES TO Title: ()C Name: Address: City-St-Zip:	Date O OFFICERS AND DIRECTOR
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electronic Signature of Registere S AND DIRECTORS: VP () Delete WILLIAMS, ALICE VP 4421 S.W. 55 AVE. DAVIE, FL 33314 SEC () Delete SALTERS, REGINA SEC. 617 NW 43 ST.	ADDITIONS/CHANGES TO Title: () C Name: Address: City-St-Zip: Title: () C Name: Address: City-St-Zip:	Date O OFFICERS AND DIRECTOR hange () Addition

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: NATHANIEL WILLIAMS P 04/03/2009