


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 733832 1. Entity Name NATIVITY CHRISTIAN FAMILY MOVEMENT, INC.	
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Principal Place of Business 5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720	Mailing Address 5220 JOHNSON STREET HOLLYWOOD, FL 33021-5720
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1655177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHLICHTE, PAUL G. 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 06/04/08-80098-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, BARBARA 4312 LINCOLN ST. HOLLYWOOD, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIBAUT, BETTY 225 S 57TH AVE. HOLLYWOOD, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENITEZ, JAVIER 951 N.66TH TERR. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLET, MONICA 5000 GARFIELD ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Schultz **5/2/08** **9549812245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #