


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90316 008 \*\*\*\*61.25

<b>DOCUMENT # 741313</b>	
1. Entity Name <b>NORTHERN FLORIDA CHRISTIAN CENTER, INC.</b>	


Principal Place of Business <b>7528 SHEKINAH PLAC O'BRIEN FL 32071 US</b>	Mailing Address <b>7528 SHEKINAH PLACE P.O. BOX 1000 O'BRIEN FL 32071 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11000010



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1853540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCGUIRE, PEGGY D 7789 S SHEKINAH PLACE O'BRIEN FL 32071</b>	
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7. Name and Address of New Registered Agent	
Name <b>Elizabeth Kirby</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>21673 Shekinah place</b>	
<b>PO Box 1000</b>	
City <b>O'Brien</b>	Zip Code <b>FL 32071</b>

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  **Elizabeth Kirby**  
Bookkeeper

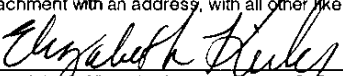
DATE **4/22/05**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTEN, RETHA 21673 W SHEKINAH PL O'BRIEN FL <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	TD WHITE, JIMMY PO BOX 2934 4006 OAK DRIVE VALDOSTA GA <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 MORRIS, NANCY 6975 OLD CHURCH RD. GREEN COVE SPRINGS FL <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	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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:  **Elizabeth Kirby**  
Bookkeeper

DATE **4/22/05** 3864350377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR