


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 741313. 1. Entity Name NORTHERN FLORIDA CHRISTIAN CENTER, INC.	
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Principal Place of Business 7528 SHEKINAH PLAC O'BRIEN, FL 32071 US	Mailing Address 7528 SHEKINAH PLACE P.O. BOX 1000 O'BRIEN, FL 32071 US
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04202007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent KIRBY, ELIZABETH 21673 SHEKINAH PLACE PO BOX 1000 O'BRIEN, FL 32071

**DO NOT WRITE
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTEN, RETHA 21673 W SHEKINAH PL O'BRIEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, JIMMY 4006 OAK DRIVE VALDOSTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, NANCY 6975 OLD CHURCH RD. GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-800009-012 61.25

**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: Retha Garten 4-20-07 386-935-0948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #