

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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 741313

1. Entity Name
NORTHERN FLORIDA CHRISTIAN CENTER, INC.



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**



04182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000930126
05/21/08-60096-009 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 **RETHA GARTEN**

4-22-08

386-935-0948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #