

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744542

FILED
Jan 05, 2006
Secretary of State

Entity Name: NATIONAL CHRISTIAN NETWORK, INC.

Current Principal Place of Business:

1150 W KING ST
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1150 W KING ST
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-1888374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KASSIS, RAYMOND A.
1150 W KING ST
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: AZRAK, AGNES,
Address: 511 8TH AVE.
City-St-Zip: BROOKLYN, NY

Title: PD () Delete
Name: KASSIS, RAYMOND A,
Address: 58 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 00000,

Title: STD () Delete
Name: FOX, NONIE, L.,
Address: 1150 WEST KING STREET
City-St-Zip: COCOA, FL

Title: D () Delete
Name: LIAN, JOSEPHINE A
Address: 511 8TH AVE
City-St-Zip: BROOKLYN, NY

Title: D () Delete
Name: KASSIS, KIMBERLY H
Address: 78 COUNTRY CLUB RD.
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND A. KASSIS

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date