

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004136

FILED
Apr 25, 2007
Secretary of State

Entity Name: NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1100 JOHNSON FERRY RD., SUIT 900
ATLANTA, GA 30342

New Principal Place of Business:

1100 JOHNSON FERRY RD., SUITE 900
ATLANTA, GA 30342

Current Mailing Address:

1100 JOHNSON FERRY RD., SUIT 900
ATLANTA, GA 30342

New Mailing Address:

1100 JOHNSON FERRY RD., SUITE 900
ATLANTA, GA 30342

FEI Number: 58-1493949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: WILLS, DAVID H
Address: 1100 JOHNSON FERRY RD., SUITE 900
City-St-Zip: ATLANTA, GA 30342

Title: S () Delete
Name: BOWERS, KEN
Address: 1100 JOHNSON FERRY RD., SUITE 900
City-St-Zip: ATLANTA, GA 30342

Title: T () Delete
Name: JOHNSON, DAVE D
Address: 1100 JOHNSON FERRY RD., SUITE 900
City-St-Zip: ATLANTA, GA 30342

Title: C () Delete
Name: PARKER, TERRILL A
Address: 1100 JOHNSON FERRY RD., SUITE 900
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: WAUTERIEK, ANTHONY
Address: 1100 JOHNSON FERRY RD., SUITE 900
City-St-Zip: ATLANTA, GA 30342

Title: VC () Delete
Name: BLUE, RONALD W
Address: ONE PREMIER PLAZA, 5605 GLENRIDGE RD.
City-St-Zip: ATLANTA, GA 30342

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:

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 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: DAVID H. WILLS

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date