## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001223

FEI Number: 65-0985736

FILED Mar 24, 2007 Secretary of State

Certificate of Status Desired (X)

Entity Name: NATIONAL TALENT FOR CHRIST MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

2295 NW CORPORATE BLVD. 4954 NW 52 AVENUE

SUITE 110 COCONUT CREEK, FL 33073 US BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

2295 NW CORPORATE BLVD. 4954 NW 52 AVENUE

FEI Number Applied For ( )

SUITE 110 COCONUT CREEK, FL 33073 US

BOCA RATON, FL 33431

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEI Number Not Applicable ( )

LEWIS, VAL LEWIS, VAL

2295 NW CORPORATE BLVD. 4954 NW 52 AVENUE

SUITE 110 COCONUT CREEK, FL 33073 US

BOCA RATON, FL 33431 US

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: VAL LEWIS 03/24/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition

Name: LEWIS, VAL Name: LEWIS, VAL

Address: 2295 NW CORPORATE BLVD., #110 Address: 4954 NW 52 AVENUE

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D ( ) Delete Title: DP (X) Change ( ) Addition Name: MARTIN, CYNTHIA Name: MARTIN, CYNTHIA

Address: 2295 NW CORPORATE BLVD.. #110 Address: 4954 NW 52 AVENUE

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: COCONUT CREEK, FL 33073 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: AFFLICK, SHERNA Name: AFFLICK, SHERNA
Address: 2295 NW CORPORATE BLVD., #110 Address: 4954 NW 52 AVENUE

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: COCONUT CREEK, FL 33073 US

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: VAL LEWIS DC 03/24/2007