2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 15, 2006
Secretary of State

DOCUMENT# N00000002370

Entity Name: CHRISTIAN FAITH RESTORATION CENTER, INC.

Current Principal Place of Business:

1212 EAST 109 AVENUE
TAMPA, FL 33612

New Principal Place of Business:

6702 EAST BROADWAY
TAMPA, FL 33619

Current Mailing Address:

1212 EAST 109 AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMAIN, MEOOVE
1212 EAST 109 AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

AMAIN, MEOOVER
1212 EAST 109 AVENUE
TAMPA, FL 33612 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: MEOOVER AMAIN 09/15/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMAIN, MEOOVE
Address: 1212 EAST 109 AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete
Name: AMAIN, WALLEGE
Address: 6702 EAST BROADWAY
City-St-Zip: TAMPA, FL 33619

Title: A ( ) Delete
Name: DUBOIS, YVETTE
Address: 6702 EAST BROADWAY
City-St-Zip: TAMPA, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AMAIN, MEOOVER
Address: 1212 EAST 109 AVENUE
City-St-Zip: TAMPA, FL 33612

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

Title: A (X) Change ( ) Addition
Name: DUBOIS, YVETTE
Address: 6702 EAST BROADWAY
City-St-Zip: TAMPA, FL 33619

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: MEOOVER AMAIN P 09/15/2006
Electronic Signature of Signing Officer or Director Date