

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005512

FILED
Apr 05, 2007
Secretary of State

Entity Name: CHRISTIAN CENTER FAMILY SERVICES, INC.

Current Principal Place of Business:

5265 CYPRESS CT
ORLANDO, FL 32811

New Principal Place of Business:

11459 PHILIPS HWY
JACKSONVILLE, FL 32256

Current Mailing Address:

5265 CYPRESS CT
ORLANDO, FL 32811

New Mailing Address:

76196 TIDEVIEW LANE
YULEE, FL 32097

FEI Number: 59-3736464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIR STE 40
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

ALCANTARA, CELIA
76196 TIDEVIEW LANE
YULEE, FL 32097 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: CELIA ALCANTARA

04/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALCANTARA, WELLINGTON
Address: 5265 CYPRESS CT
City-St-Zip: ORLANDO, FL 32811 US

Title: DT () Delete
Name: BEZERRA, CELIA
Address: 5265 CYPRESS CT
City-St-Zip: ORLANDO, FL 32811

Title: DS () Delete
Name: ROSA, MARIANGELICA M B
Address: 6032 CRYSTAL VIEW DR.
City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete
Name: JORDAO, CEDYR D
Address: 4980 WATERSIDE POINT CIR
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALCANTARA, WELLINGTON
Address: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097 US

Title: DT (X) Change () Addition
Name: ALCANTARA, CELIA
Address: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097

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

Title: DV (X) Change () Addition
Name: JORDAO, CEDYR D
Address: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097

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: WELLINGTON ALCANTARA

DP

04/05/2007

Electronic Signature of Signing Officer or Director

Date