## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002228

FILED Mar 19, 2009 Secretary of State

Entity Name: SOLID FOUNDATION CHRISTIAN CENTER, INC.

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

5801 NW BURRI COURT 5807 NW DOOLEY CIRCLE PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

P.O. BOX 7999

PORT ST. LUCIE, FL 34985

FEI Number: 01-0656832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WRIGHT, RAYMOND
5801 NW BURRI COURT
5807 N.W DOOLEY CIRCLE
PORT ST. LUCIE, FL 34986 US
5807 N.W DOOLEY CIRCLE
PORT ST. LUCIE, FL 34986 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: 03/19/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WRIGHT, RAYMOND
 Name:
 WRIGHT, RAYMOND

 Address:
 5801 NW BURRI COURT
 Address:
 5807 NW DOOLEY CIRCLE

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: WRIGHT, VANESSA Name: WRIGHT, VANESSA

Name:WRIGHT, VANESSAName:WRIGHT, VANESSAAddress:5801 NW BURRI COURTAddress:5807 NW DOOLEY CIRCLECity-St-Zip:PORT ST. LUCIE, FL 34986City-St-Zip:PORT ST. LUCIE, FL 34986

Title: S () Delete Title: () Change () Addition

 Name:
 SIMS, KATHERINE
 Name:

 Address:
 5809 NW GILLESPIE AVE.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:

 Name:
 ROBINSON, VANISHA
 Name:

 Address:
 5738 NW JIGSAW LN.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 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: RAYMOND WRIGHT CEO 03/19/2009