

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002228

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** SOLID FOUNDATION CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

5807 NW DOOLEY CIRCLE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7999  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

P.O. BOX 881382  
PORT ST. LUCIE, FL 34988

**FEI Number:** 01-0656832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, RAYMOND  
5807 N.W DOOLEY CIRCLE  
PORT ST. LUCIE, FL 34986 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: CEO  
Name: WRIGHT, RAYMOND  
Address: 5807 NW DOOLEY CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P  
Name: WRIGHT, VANESSA  
Address: 5807 NW DOOLEY CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S  
Name: SIMS, KATHERINE  
Address: 5809 NW GILLESPIE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T  
Name: ROBINSON, VANISHA  
Address: 5738 NW JIGSAW LN.  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: VANESSA WRIGHT

PRES

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date