

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000182

FILED
May 04, 2008
Secretary of State

Entity Name: ILLUMINATION CHRISTIAN CENTER, INC.

Current Principal Place of Business:

5205 79TH STREET
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5205 79TH STREET
TAMPA, FL 33619

New Mailing Address:

FEI Number: 57-1143429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEBOSE, ANGELA W
1107 W KIRBY STREET
TAMPA, FL 33604 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASHINGTON, JOSEPH REV.
Address: 5205 79TH STREET
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: WASHINGTON, BERTHA
Address: 5205 79TH STREET
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: WASHINGTON, LAVONNE
Address: 5205 79TH STREET
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WASHINGTON, BERTHA
Address: 5205 79TH STREET
City-St-Zip: TAMPA, FL 33619

Title: D (X) Change () Addition
Name: WASHINGTON, LASHAWN
Address: 5205 79TH STREET
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
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: LAVONNE WASHINGTON

D

05/04/2008

Electronic Signature of Signing Officer or Director

Date