2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000309

FILED Sep 27, 2012 Secretary of State

Entity Name: BUILDERS OF THE FAITH CHRISTIAN CENTER AND DAY CARE INC.

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

7540 103RD ST, STE 215 7579-6 103RD STREET

JACKSONVILLÉ, FL 322101463 US JACKSONVILLE, FL 322101463 US

Current Mailing Address: New Mailing Address:

7540 103RD ST, STE 215 7579-6 103RD STREET

JACKSONVILLÉ, FL 322101463 US JACKSONVILLE, FL 322101463 US

FEI Number: 50-0004573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BROWN, ROBERT A
7540 103RD STREET
SUITE 216

BROWN, ROBERT A
7579-6 103RD STREET
JACKSONVILLE, FL 32210 US

SUITE 216 JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 U

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: ROBERT A BROWN 09/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BROWN, ROBERT A
Address: 2941 PIEDMONT MANOR DR
City-St-Zip: ORANGE PARK, FL 32065

Title: TD

Name: SMITH, THELMA A
Address: 1703 WEST 19TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title:

Name: BROWN, SHERYL B
Address: 2941 PIEDMONT MANOR DR
City-St-Zip: ORANGE PARK, FL 32065

Title:

Name: SHAVERS, JERMAINE

Address: 4174 SANDHILL CRANE TERRACE

City-St-Zip: MIDDLEBURG, FL 32068

Title:

 Name:
 HOUSTON, ERIC

 Address:
 6858 MISTY VIEW DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: D

Name: POUGH, REGINALD

Address: 3921 DISTANT MOON COURT City-St-Zip: JACKSONVILL, FL 32210

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: THELMA A SMITH TD 09/27/2012