2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000366

FILED Jul 14, 2007 Secretary of State

Entity Name: BEHIND THE VEIL FREEDOM CHRISTIAN CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:
	TH WESTMORELAND DRIVE	
#3 DRLANDO	D, FL 32805	
Current M	lailing Address:	New Mailing Address:
P.O. BOX CLARCON	677 NA, FL 32710 US	
FEI Number n accordan	: FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable (X) Certificate of Status Desired (X) not receive the prior notice.
lame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
5664 BRE	RISTOPHER E CKENRIDGE CIR D, FL 32818 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Registered A	gent Date
FFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
itle: lame: ddress: city-St-Zip:	PCEO () Delete SIMS, CHRISTOPHER E PASTOR 5664 BRECKENRIDGE CIR ORLANDO, FL 32818	Title: () Change () Addition Name: Address: City-St-Zip:
ïtle: lame:	P () Delete MCDUFFIE-SIMS, ANGELA E.L. 5664 BRECKENRIDGE CIR	Title: () Change () Addition Name:
Address: City-St-Zip:	ORLANDO, FL 32818	Address: City-St-Zip:
City-St-Zip: Title: Jame: Address:	ORLANDO, FL 32818 ES () Delete AUSTIN, MIGNON C ELDER 3442 COACHLIGHT DR.	City-St-Zip: Title: ADMI (X) Change () Addition Name: MCKINNON, DONNA M MRS. Address: 2237 ANACOSTIA AVE
city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	ORLANDO, FL 32818 ES () Delete AUSTIN, MIGNON C ELDER 3442 COACHLIGHT DR. KISSIMMEE, FL 34741 AP () Delete AUSTIN, BRYANT ELDER 3442 COACHLIGHT DR.	City-St-Zip: Title: ADMI (X) Change () Addition Name: MCKINNON, DONNA M MRS. Address: 2237 ANACOSTIA AVE City-St-Zip: OCOEE, FL 34761 US Title: BD (X) Change () Addition Name: ELLISON, RODNEY A DEACON Address: 2413 ANACOSTIA AVE.

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: CHRISTOPHER SIMS PCEO 07/14/2007