2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003597

Entity Name: FOUNDATION OF FAITH CHRISTIAN CENTER, INC.

FILED May 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3752 SHADE FARM ROA D 1572 CAPITAL CIRCLE N.W. QUINCY, FL 32352 TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 1572 CAPITAL CIRCLE N.W. 3752 SHADE FARM ROA D QUINCY, FL 32352 TALLAHASSEE, FL 32303 FEI Number: 59-3666632 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: YARBOROUGH, NICKY E YARBOROUGH, NICKY E 7118 TOWNER TRACE 3752 SHADE FARM ROA D QUINCY, FL 32352 TALLAHASSEE, FL 32312 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: 05/25/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete YARBORUGH, KEITH C YARBORUGH, KEITH C Name: Name: 3752 SHADE FARM ROA D Address: 7118 TOWNER TRACE Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition YARBORUGH, NICKY E YARBORUGH, NICKY E Name: Name: Address: 3752 SHADE FARM ROA D Address: 7118 TOWNER TRACE City-St-Zip: QUINCY, FL 32352 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition YARBORUGH, MILDRED Name: Name: 8205 ARROWHEAD RD Address: Address: City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: Title: () Delete Title: DD () Change (X) Addition Name: Name: MORGAN, MICHAEL 5775 JAPONICA COURT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change (X) Addition MORGAN, KIMKESIA Name: Name: 5775 JAPONICA COURT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change (X) Addition MCKENTIE. LERAUN D Name: Name: Address: Address: 1572 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH C. YARBOROUGH PD 05/25/2004

ROBERT STREATER, DIRECTOR 1572 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303