

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003597	
1. Entity Name FOUNDATION OF FAITH CHRISTIAN CENTER, INC.	



FILED

05 DEC 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1572 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303	Mailing Address 1572 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303
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2. Principal Place of Business 1915 Dale St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 180155 Suite, Apt. #, etc.
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12192005 REIN-NP CR2E099 (6/04)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32310	Zip 32318
Country	Country

4. FEI Number 59-3666632	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YARBOROUGH, NICKY E 7118 TOWNER TRACE TALLAHASSEE, FL 32312
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7. Name and Address of New Registered Agent Name: Keith C. Yarbrough Street Address (P.O. Box Number is Not Acceptable): 9321 Tuscany Dr City: Tallahassee FL Zip Code: 32312
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

DATE

12/30/05-01/05-005 **\$1.25
12/19/05

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, KEITH C 7118 TOWNER TRACE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keith C. Yarbrough 9321 Tuscany Dr Tall, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YARBOROUGH, NICKY E 7118 TOWNER TRACE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nicky E. Yarbrough 9321 Tuscany Dr Tall, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YARBOROUGH, MILDRED 8205 ARROWHEAD RD BALTIMORE, MD 21208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Michael Landrym 1900 Centre Pointe Blvd, Apt 181 Tall, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MORGAN, MICHAEL 5775 JAPONICA COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Michael Morgan 1772 Wyeth Dr Tall, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, KIMKESIA 5775 JAPONICA COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimkesia Morgan 1772 Wyeth Dr Tall, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MCKENTIE, LERAUN D 1572 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Jerlin Chambers 1900 Centre Pointe Blvd, Apt. 181 Tall, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/05 850-575-5400
Date Daytime Phone #