


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003597 1. Entity Name FOUNDATION OF FAITH CHRISTIAN CENTER, INC.						FILED 06 APR 17 AM 11:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1915 DALE ST TALLAHASSEE, FL 32310				Mailing Address P.O. BOX 180155 TALLAHASSEE, FL 32318			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent YARBOROUGH, KEITH C 9321 TUSCANY DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD YARBOROUGH, KEITH C 9321 TUSCANY DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD YARBOROUGH, NICKY E 9321 TUSCANY DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete				700072761767 04/28/06--01028--003 **70.00			
DD LANDRUM, MICHAEL 1900 CENTRE POINTE BLVD, APT 181 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DD MORGAN, MICHAEL 1772 WYETH DR TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD MORGAN, KIMKESIA 1772 WYETH DR TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD CHAMBERS, JERLIN 1900 CENTRE POINTE BLVD, APT 181 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete				SD Kimberly Maultsby 1848 Ivy Lane Apt 15 Tallahassee, FL 32304 <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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				4/17/06 264-4286 Date Daytime Phone #			