2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N03000009330

Entity Name: BRADFORD COUNTY FAITH COMMUNITY CENTER, INC.

Current Principal Place of Business:

113 E CALL ST
SUITE A
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

113 E CALL ST
SUITE A
STARKE, FL 32091

New Mailing Address:

FEI Number: 38-3693006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKNIGHT, JAMES E JR.
2514 NE 56TH TERR.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SMITH, GORDON
Address: 105 VALLEY RD
City-St-Zip: STARKE, FL 32091

Title: ED ( ) Delete
Name: SLOCUM, ELAINE
Address: 714 COLLEY RD
City-St-Zip: STARKE, FL 32091

Title: M ( ) Delete
Name: CATRICE, THOMAS
Address: 1171 S. LANE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: CUMMINGS, DWAYNE
Address: 2177NE 10TH AVE.
City-St-Zip: LAWTEY, FL 32058

Title: S ( ) Delete
Name: MAJOR, WINEFRED
Address: P.O. BOX 371
City-St-Zip: LAWTEY, FL 32058

Title: P ( ) Delete
Name: MCRAE, ARLEY COL
Address: 1517 BESSENT ROAD
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THERESA ELAINE SLOCUM ED 05/06/2009
Electronic Signature of Signing Officer or Director — Date