2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N04000000679

Entity Name: HOUSEHOLD OF FAITH COMMUNITY CENTER, INC

Current Principal Place of Business:

1410 W EDGEWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1410 W EDGEWOOD AVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 87-0716381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREDERICK, IRENE W
3131 SEINE DR
JACKSONVILLE, FL 32208 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: DP ( ) Delete
Name: WILLIAMS, LEWIS
Address: 1853 KEY BISCAYNE DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: DV ( ) Delete
Name: WILLIAMS, BERNADETTE R
Address: 1853 KEY BISCAYNE DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS ( ) Delete
Name: MYLES, JUDY R
Address: 805 CALVERT ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: DT ( ) Delete
Name: TATE, ANDREW III
Address: 2016 BO PEEP DR.W.
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: LEWIS WILLIAMS DP 03/03/2009

Electronic Signature of Signing Officer or Director — Date