2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N04963

Entity Name: CHRISTIAN FAITH CENTER, INC.

Current Principal Place of Business:

922-B BLANDING BLVD
ORANGE PARK, FL 32065 US

New Principal Place of Business:

4021 EVERETT AVE
MIDDLEBURG, FL 32068 US

Current Mailing Address:

P O BOX 2134
ORANGE PARK, FL 32067 US

New Mailing Address:

FEI Number: 59-2461194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLSON, JOHN F. JR.
462 KINGSLEY AVE., STE 101
ORANGE PARK, FL 32073 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: VD ( ) Delete
Name: SELLERS, MARK
Address: 2502 HALPRENS WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD ( ) Delete
Name: SHAW, WENDELL A
Address: 222 STONERIDGE CT
City-St-Zip: ORANGE PARK, FL

Title: ST ( ) Delete
Name: PAUL MCALEER, JOHN
Address: 1887 LINDSEY ROAD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: SHAW, WENDELL A
Address: 765 EBB TIDE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST (X) Change ( ) Addition
Name: MCALEER, JOHN PAUL
Address: 1887 LINDSEY ROAD
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDELL A SHAW PD 04/10/2006

Electronic Signature of Signing Officer or Director — Date