2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002707

Current Principal Place of Business:

FILED Apr 23, 2007 Secretary of State

Entity Name: FRONTLINE CHRISTIAN CENTER, INCORPORATED

1001 YAMATO ROAD 127 NW 13TH STREET **SUITE #306** BOCA RATON, FL 33432 BOCA RATON, FL 334314403 **New Mailing Address: Current Mailing Address:** 1001 YAMATO ROAD 127 NW 13TH STREET **SUITE #306** BOCA RATON, FL 33432 BOCA RATON, FL 334314403 FEI Number: 20-3210970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWE, CYMONIE S MS BROUSSARD, LORIE MRS. 123 N.W. 13TH STREET 6406 BLUE BAY CIRCLE SUITE 204-07 LAKE WORTH, FL 33467 US BOCA RATON, FL 33432 US 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: LORIE BROUSSARD 04/23/2007 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BOCA RATON, FL 33429

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

() Delete () Change () Addition CARTER, NATHAN B III Name: Name: POST OFFICE BOX 1162 Address: Address: City-St-Zip: BOCA RATON, FL 33429 City-St-Zip: Title: () Delete Title: (X) Change () Addition N. BRAD CARTER, Name: GOMES, MARCOS Name: Address: 6205 SEMMES ROAD Address: 960 SW 21ST, LANE City-St-Zip: MERIDIAN, MS 39305 City-St-Zip: BOCA RATON, FL 33486 Title: () Delete Title: (X) Change () Addition CARTER, MARK A LEDER, FRED Name: Name: 8815 LIGON DRIVE 7867 SUNDIAL HARBOR POINT Address: Address: City-St-Zip: MERIDIAN, MS 39307 City-St-Zip: LAKE WORTH, FL 33467 Title: (X) Delete Title: () Change () Addition Name: CARTER, PAM S Name: Address: POST OFFICE BOX 1162 Address:

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.

City-St-Zip:

SIGNATURE: NATHAN B. CARTER III P 04/23/2007