2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 18, 2008 8:00 am **Secretary of State** DOCUMENT # N05000011999 02-18-2008 90021 038 ****61.25 1. Entity Name JOURNEY CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 10725 OAK DRIVE 10725 OAK DRIVE HUDSON, FL 34669 HUDSON, FL 34669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 281 Scenshine Grove Rd 7281 Sunshine Grove Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-NP CR2E037 (12/06) Suite City & State 4. FEI Numbe Applied For 36-4583267 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired enando 61 ernando 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BIERWORTH, DANIEL K Street Address (P.O. Box Number is Not Acceptable) 10725 OAK DRIVE HUDSON, FL 34669 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE BIERWORTH, DANIEL K NAME NAME 10725 OAK DRIVE STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP HUDSON, FL 34669 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SCOTT, JOSEPH L 4045 FAIRFORD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TIT1 F PICKENS, JAMES R NAME STREET ADDRESS 9223 DUFFER COURT STREET ADDRESS HUSDON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition TITLE. ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

FILED

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.

CITY-ST-ZIP

CITY-ST-ZIP