

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001430

FILED
Jul 18, 2008
Secretary of State

Entity Name: FAMILY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7920 WEST UPPER RIDGE DR.
PARKLAND, FL 33067

New Principal Place of Business:

6574 N. STATE RD. 7
362
COCONUT CREEK, FL 33073

Current Mailing Address:

7920 WEST UPPER RIDGE DR.
PARKLAND, FL 33067

New Mailing Address:

6574 N. STATE RD. 7
362
COCONUT CREEK, FL 33073

FEI Number: 20-8413356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

HODGES JR., PERRY W. ESQ.
1401 E. BROWARD BLVD., #300
FT. LAUDERDALE, FL 333012116 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THOMAS, GEORGE E.
Address: 7920 WEST UPPER RIDGE DR.
City-St-Zip: PARKLAND, FL 33067

Title: DS () Delete
Name: THOMAS, SHYRL
Address: 7920 WEST UPPER RIDGE DR.
City-St-Zip: PARKLAND, FL 33067

Title: DV () Delete
Name: THOMAS, SCOTT E.
Address: 7920 WEST UPPER RIDGE DR.
City-St-Zip: PARKLAND, FL 33067

Title: DT () Delete
Name: THOMAS, ANGELA L.
Address: 5729 NW 119 TERR.
City-St-Zip: CORAL SPRINGS, FL 33076

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: ANGELA L. THOMAS

DT

07/18/2008

Electronic Signature of Signing Officer or Director

Date