

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005214

FILED
Feb 17, 2010
Secretary of State

Entity Name: ARMOR OF FAITH CHRISTIAN CENTER, INC.

Current Principal Place of Business:

6118 DAWNRIIDGE RD S
JASKCONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

6118 DAWNRIIDGE RD S
JASKCONVILLE, FL 32277

New Mailing Address:

FEI Number: 30-0567109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CRAIG S SR
6118 DAWNRIIDGE RD S
JASKCONVILLE, FL 32277 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: P
Name: CAMPBELL, CRAIG S SR
Address: 6118 DAWNRIIDGE RD S
City-St-Zip: JASKCONVILLE, FL 32277

Title: D
Name: REED, WILLIE
Address: 6118 DAWNRIIDGE RD S
City-St-Zip: JASKCONVILLE, FL 32277

Title: T
Name: WORLDS, DARINELLE
Address: 6118 DAWNRIIDGE RD S
City-St-Zip: JASKCONVILLE, FL 32277

Title: T
Name: REED, KENYETTA
Address: 6118 DAWNRIIDGE RD S
City-St-Zip: JASKCONVILLE, FL 32277

Title: S
Name: WEST, EBONY
Address: 6118 DAWNRIIDGE RD S
City-St-Zip: JASKCONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: CRAIG S. CAMPBELL, SR.

P

02/17/2010

Electronic Signature of Signing Officer or Director

Date