

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007375

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** FAMILY CHRISTIAN CENTER LEADERSHIP INSTITUTE, INC.

**Current Principal Place of Business:**

2685 BRECON LANE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2685 BRECON LANE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 27-2617071      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LLOYD, EDWARD  
2685 BRECON LANE  
TALLAHASSEE, FL 32303      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:** SP  
**Name:** LLOYD, EDWARD L SR  
**Address:** 2685 BRECON LANE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** PV  
**Name:** LLOYD, RHONDA B  
**Address:** 2685 BRECON LANE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** PCEO  
**Name:** WILLIAMS, DEIDRE P  
**Address:** 2749 W. THARPE ST. NO E-7  
**City-St-Zip:** TALLAHASSEE, FL 32303

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: EDWARD L. LLOYD, SR

SP

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date