## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41711

FILED Mar 23, 2005 Secretary of State

ne: NEW FELL	OWSHIP CHRISTIAN CENT	ER, INC.		
rincipal Place o	of Business:	New Principal Place o	of Business:	
AN AVENUE (A, FL 33054				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
AN AVENUE (A, FL 33054				
65-0220051	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
PR JIMMY F 151ST STREET KA, FL 33054	us			
named entity su e of Florida.	lbmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
⊋F.				
	Signature of Registered Age	ont on the second of the secon		
OFFICERS AND DIRECTORS:		3HL	Date	
S AND DIRECT	ORS:		Date S TO OFFICERS AND DIRECTORS:	
	Delete MY F STREET	ADDITIONS/CHANGE		
PD () E LARKIN, DR. JIM 2011 NW 151ST OPA LOCKA, FL	Delete MY F STREET 33054 Delete RRACE	ADDITIONS/CHANGE: Title: ( Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:	
	AN AVENUE (A, FL 33054)  ailing Address AN AVENUE (A, FL 33054)  65-0220051  Address of Cu DR JIMMY F 151ST STREET (A, FL 33054)  named entity su e of Florida.  RE:	A, FL 33054    ailing Address:   AN AVENUE     (A, FL 33054     (65-0220051   FEI Number Applied For ( )     Address of Current Registered Agent:   (DR JIMMY F     (151ST STREET     (A, FL 33054   US     (a) Image of Plorida.   (C) Image of Plorida.   (C) Image of Plorida.   (C) Image of Plorida.	AN AVENUE (A, FL 33054    ailing Address: New Mailing Address  AN AVENUE (A, FL 33054    65-0220051   FEI Number Applied For ( )   FEI Number Not Applicable ( )    Address of Current Registered Agent: Name and Address of PR JIMMY F   151ST STREET   (A, FL 33054   US    named entity submits this statement for the purpose of changing its registered entity of Florida.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR JIMMY LARKIN PD 03/23/2005