2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002609

Entity Name: THE FAITH CENTER, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5555 NW 95TH AVE. SUNRISE, FL 33351 US **Current Mailing Address: New Mailing Address:** PO BOX 9726 FORT LAUDERDALE, FL 33310 US FEI Number: 65-0252132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, HENRY FERNANDEZ, HENRY 5555 NW 95TH AVE. 4007 SANDERLING LANE US SUNRISE, FL 33351 WESTON, FL 33331 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: 03/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FERNANDEZ, HENRY Name: Name: 4007 SANDERLING LANE Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: SD () Delete Title: () Change () Addition FERNANDEZ, CAROL Name: Name: Address: 4007 SANDERLING LANE Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition SIMS, EDDIE Name: SIMS, EDDIE Name: Address: 7951 SW 7TH ST Address: 4502 HIGHGATE DRIVE City-St-Zip: N LAUDERDALE, FL City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: (X) Change () Addition SMITH, JACOB J Name: SMITH, JACOB J Name: 1348 AVON LANE #813 5341 GRAND BANKS Address: Address: City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip: GREENACRES, FL 33463 Title: () Delete Title: (X) Change () Addition HINDS, MORRIS HINDS, MORRIS Name: Name: 4890 NW 7TH ST 6011 ORCHARD TREE LANE Address: Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip: TAMARAC, FL 33319

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: BRIAN HANKERSON **CFO** 03/12/2008