# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2009**
**Secretary of State**

DOCUMENT# N93000002609

**Entity Name:** THE FAITH CENTER, INC.

**Current Principal Place of Business:**

5555 NW 95TH AVE.
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9726
FORT LAUDERDALE, FL 33310 US

**New Mailing Address:**

**FEI Number: 65-0252132** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FERNANDEZ, HENRY
4007 SANDERLING LANE
WESTON, FL 33331 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: | PD | ( ) Delete |
| Name: | FERNANDEZ, HENRY | |
| Address: | 4007 SANDERLING LANE | |
| City-St-Zip: | WESTON, FL 33331 | |
| Title: | SD | ( ) Delete |
| Name: | FERNANDEZ, CAROL | |
| Address: | 4007 SANDERLING LANE | |
| City-St-Zip: | WESTON, FL 33331 | |
| Title: | TD | ( ) Delete |
| Name: | SIMS, EDDIE | |
| Address: | 4502 HIGHGATE DRIVE | |
| City-St-Zip: | DELRAY BEACH, FL 33445 | |
| Title: | D | ( ) Delete |
| Name: | SMITH, JACOB J | |
| Address: | 5341 GRAND BANKS | |
| City-St-Zip: | GREENACRES, FL 33463 | |
| Title: | D | ( ) Delete |
| Name: | HINDS, MORRIS | |
| Address: | 6011 ORCHARD TREE LANE | |
| City-St-Zip: | TAMARAC, FL 33319 | |

**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: | |
| 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: HENRY FERNANDEZ PD 03/10/2009

Electronic Signature of Signing Officer or Director — Date