

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001351**

1. Entity Name

CHRISTIAN FOCUS CENTER CHURCH, INC.



Principal Place of Business

5477 LIGHTHOUSE RD  
ORLANDO FL 32808

Mailing Address

5477 LIGHTHOUSE ROAD  
ORLANDO FL 000  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (5/05)

4. FEI Number

59-3231627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, ALLYSON (AL) C  
5477 LIGHTHOUSE RD.  
ORLANDO FL 32808

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

T  
TITLE ANDERSON, CHESTER L. ☐ Delete  
NAME 6662-HAWKSMOOR LANE  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP T

T  
TITLE CARSON, JOANN ☐ Delete  
NAME 5477 LIGHTHOUSE RD.  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP T

T  
TITLE QUINN-SHEPPARD, SHIRLEY ☐ Delete  
NAME 111 VALENCIA DR  
STREET ADDRESS MAITLAND FL 32751  
CITY-ST-ZIP D

T  
TITLE CARSON, ALLYSON (AL) C ☐ Delete  
NAME 5477 LIGHTHOUSE RD.  
STREET ADDRESS ORLANDO FL 32808  
CITY-ST-ZIP

T  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Allyson C Carson* *Allyson C Carson* SEP 6 05 407 398911