2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002538

FILED Jan 05, 2006 Secretary of State

Entity Name: FAITH CRUSADE FOR CHRIST CENTER INC.

	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
7604 NW : MIAMI, FL	22ND AVE 33147				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7604 NW : MIAMI, FL	22ND AVE 33147				
FEI Number	: 65-0584350	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
	LAWRENCE 22ND AVE 33147 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name:	BURKES, LAW		Title: Name:	() Change () Addition	
	7604 NW 22 A MIAMI, FL 331		Address: City-St-Zip:		
City-St-Zip: Title: Name: Address:	MIAMI, FL 33°	147) Delete /AN RD CT.		()Change ()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MIAMI, FL 33' V (GIBSON, ALA\ 16410 NW 23F MAIMI, FL 330	147) Delete /AN RD CT. 054) Delete CE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	V (GIBSON, ALAV 16410 NW 23F MAIMI, FL 330 S (MATHES, JOY 1826 NW 64TH MIAMI, FL 337	147) Delete /AN RD CT. 1554) Delete CE H ST 147) Delete ESTE H ST	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address:	MIAMI, FL 33° V (GIBSON, ALAN 16410 NW 23F MAIMI, FL 33° S (MATHES, JOY 1826 NW 64TH MIAMI, FL 33° T (GAINER, CELE 1422 NW 40TH MIAMI, FL 33°	147) Delete (AN RD CT. 054) Delete CE H ST 147) Delete ESTE H ST 142) Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE BURKES P 01/05/2006