

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 042 ****61.25

DOCUMENT # N95000004907

1. Entity Name
CHRISTIAN FAMILY CENTER, INC.



Principal Place of Business
**2216 NW 72ND TERR
PEMBROKE PINES, FL 33024 US**

Mailing Address
**16000 NW 7TH AVE # 7
MIAMI, FL 33169 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0614374

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

**JARAMILLO, WILLIAM E
3900 SW 33RD ST
PEMBROKE PARK, FL 33023**

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 reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JARAMILLO, WILLIAM E
STREET ADDRESS 3900 SW 33RD ST
CITY-ST-ZIP PEMBROKE PARK, FL

TITLE ☒ Change ☐ Addition
NAME JARAMILLO, WILLIAM
STREET ADDRESS 2216 NW 72 TERR
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE STD ☐ Delete
NAME JARAMILLO, NANCY
STREET ADDRESS 3900 SW 33RD ST
CITY-ST-ZIP PEMBROKE PARK, FL

TITLE ☒ Change ☐ Addition
NAME JARAMILLO, NANCY
STREET ADDRESS 2216 NW 72 TERR
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE VD ☐ Delete
NAME ABADIA, LUCIA
STREET ADDRESS 4955 NW 199 STREET LOT 291
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☒ Change ☐ Addition
NAME ABADIA, LUCIA
STREET ADDRESS 19651 NW 57 CT
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nancy Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 *305-218-2337*
Date Daytime Phone #