2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2006
Secretary of State

DOCUMENT# N95000004907

Entity Name: CHRISTIAN FAMILY CENTER, INC.

Current Principal Place of Business:

610 SW 100TH TERRACE
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

16000 NW 7TH AVE # 7
MIAMI, FL 33169 US

New Mailing Address:

610 SW 100TH TERRACE
PEMBROKE PINES, FL 33025 US

FEI Number: 65-0614374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARAMILLO, WILLIAM E
610 SW 100TH TERRACE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

JARAMILLO, WILLIAM E
610 SW 100TH TERRACE
PEMBROKE PINES, FL 33025 US

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: WILLIAM JARAMILLO 07/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JARAMILLO, WILLIAM E
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: STD ( ) Delete
Name: JARAMILLO, NANCY
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD ( ) Delete
Name: JARAMILLO, CHRISTINE P
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JARAMILLO, WILLIAM E
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPD (X) Change ( ) Addition
Name: JARAMILLO, NANCY
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SD (X) Change ( ) Addition
Name: JARAMILLO, CHRISTINE P
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD ( ) Change (X) Addition
Name: ACOSTA, LEONOR R
Address: 905 W 79TH STREET
City-St-Zip: HIALEAH, FL 33014

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: WILLIAM JARAMILLO PD 07/24/2006
Electronic Signature of Signing Officer or Director Date