

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004907

FILED
Apr 29, 2009
Secretary of State

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:

610 SW 100TH TERRACE
PEMBROKE PINES, FL 33025 US

New Mailing Address:

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:

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: JARAMILLO, WILLIAM E
Address: 610 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

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

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

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

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:

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: NANCY JARAMILLO

VPD

04/29/2009

Electronic Signature of Signing Officer or Director

Date