

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001090

1. Entity Name
FAITH CHRISTIAN FAMILY CENTER, INC.



FILED

08 JUL 23 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3328326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, HOWARD F
4001 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32314

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, HOWARD F	
STREET ADDRESS	4001 CHAIRES CROSS ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, HAROLD W	
STREET ADDRESS	703 COBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, PEGGY	
STREET ADDRESS	2710 LAKE MUNSON STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, PERRY	
STREET ADDRESS	934 COCHRAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDWARDS, PATRICIA	
STREET ADDRESS	703 COBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CLARENCE	
STREET ADDRESS	3516 SUNNYSIDE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100133372651
STREET ADDRESS	07/24/08--01004--001 **140.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 names like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/08 671-3030