2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N96000001090

Entity Name: FAITH CHRISTIAN FAMILY CENTER, INC.

Current Principal Place of Business:

310 LAURA LEE AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5972
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3328326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCMILLAN, HOWARD F
4001 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32314 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:	D	( ) Delete
Name:	MCMILLAN, HOWARD F	
Address:	4001 CHAIRES CROSS ROAD	
City-St-Zip:	TALLAHASSEE, FL 32314 US	
Title:	D	( ) Delete
Name:	EDWARDS, HAROLD W	
Address:	703 COBLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	D	( ) Delete
Name:	ROGERS, PEGGY	
Address:	2710 LAKE MUNSON STREET	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	D	( ) Delete
Name:	WEST, PERRY	
Address:	934 COCHRAN DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	S	( ) Delete
Name:	EDWARDS, PATRICIA	
Address:	703 COBLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	D	( ) Delete
Name:	ANDERSON, CLARENCE	
Address:	3516 SUNNYSIDE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301 US	

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:	
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: PATRICIA EDWARDS S 06/17/2009

Electronic Signature of Signing Officer or Director — Date