2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001090

FILED May 12, 2011 Secretary of State

Date

Entity Name: FAITH CHRISTIAN FAMILY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

310 LAURA LEE AVENUE

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

P.O. BOX 5972 310 LAURA LEE AVENUE TALLAHASSEE, FL 32314 TALLAHASSEE, FL 32301 US

FEI Number: 59-3328326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D

Name: MCMILLAN, HOWARD F Address: 4001 CHAIRES CROSS ROAD City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D

Name: EDWARDS, HAROLD W Address: 703 COBLE DRIVE

City-St-Zip: TALLAHASSEE, FL 32301 US

Title:

Name: ROGERS, PEGGY

Address: 2710 LAKE MUNSON STREET City-St-Zip: TALLAHASSEE, FL 32301 US

Title:

 Name:
 WEST, PERRY

 Address:
 934 COCHRAN DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32301 US

Title: S

Name: EDWARDS, PATRICIA Address: 703 COBLE DRIVE

City-St-Zip: TALLAHASSEE, FL 32301 US

Title: [

 Name:
 ANDERSON, CLARENCE

 Address:
 3516 SUNNYSIDE DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA EDWARDS S 05/12/2011