

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003407

FILED
Apr 12, 2005
Secretary of State

Entity Name: CHRISTIAN FAMILY CHURCH, INC.

Current Principal Place of Business:

14920 TRITON TERRACE
HUDSON, FL 34667

New Principal Place of Business:

9412 NEW YORK AVE. #10
HUDSON, FL 34667 US

Current Mailing Address:

14920 TRITON TERRACE
HUDSON, FL 34667

New Mailing Address:

9412 NEW YORK AVE. #10
HUDSON, FL 34667

FEI Number: 59-3391620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, NANCY M
14920 TRITON TERRACE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

PERKINS, NANCY M
9412 NEW YORK AVE. #10
HUDSON, FL 34667 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:

04/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERKINS, MAURICE L
Address: 14920 TRITON TERRACE
City-St-Zip: HUDSON, FL 34667

Title: VD () Delete
Name: DEMIK, DONALD
Address: 8520 SUMMER DRIVE, VIVA VILLA
City-St-Zip: HUDSON, FL 34667

Title: STD () Delete
Name: PERKINS, NANCY M
Address: 14920 TRITON TERRACE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERKINS, MAURICE L
Address: 9412 NEW YORK AVE. #10
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PERKINS, NANCY M
Address: 9412 NEW YORK AVE. #10
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAURICE L. PERKINS

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date