


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000357 1. Entity Name FAITH FAMILY RESOURCE CENTER, INC.						05 MAY -2 AM 8:54 JUDICIAL STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 703 COBLE DRIVE TALLAHASSEE, FL 32301				Mailing Address 703 COBLE DRIVE TALLAHASSEE, FL 32301 <div style="text-align: right; font-size: 1.2em;"># 61.25</div>				
2. Principal Place of Business		3. Mailing Address		05022005 Chg-NP CR2E037 (10/03) 05		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3421556		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
Zip	Country	Zip	Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCMILLAN, HOWARD F 703 COBLE DRIVE TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLAN, HOWARD F 703 COBLE DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, PATRICIA 703 COBLE DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, CLARENCE 703 COBLE DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600054671586 05/17/05--01028--012 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.								
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/2/05 850/671-3030 <small>Date Daytime Phone #</small>				