


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 17 PM 3:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

500106303535
07/18/07--01001--005 **122.50

DOCUMENT # N97000000357		
1. Entity Name FAITH FAMILY RESOURCE CENTER, INC.		

Principal Place of Business 703 COBLE DRIVE TALLAHASSEE, FL 32301 US	Mailing Address 703 COBLE DRIVE TALLAHASSEE, FL 32301 US
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2. Principal Place of Business - No P.O. Box # 310 Laura Lee Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 5972 Suite, Apt. #, etc.
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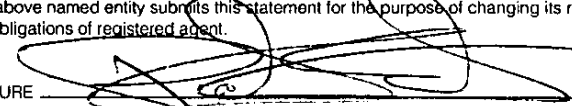
City & State Tallahassee Zip 32301 Country US	City & State Tallahassee Zip 32314 Country
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07172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3421556	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCMILLAN, HOWARD F 703 COBLE DRIVE TALLAHASSEE, FL 32301 310 Laura Lee Avenue Tall	
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7. Name and Address of New Registered Agent Name: Howard McMillan Street Address (P.O. Box Number is Not Acceptable): 310 Laura Lee Avenue City: Tallahassee FL Zip Code: 32301	
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: 7/17/07	

Filing Fee is \$61.25 Due by September 14, 2007	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
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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	PD 4001 Chaires Cross Rd Tallahassee FL 32310 <input checked="" 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	TD 3516 Sonny'side Dr Tallahassee 32305 <input checked="" 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 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 other like empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/17/07 Daytime Phone #: 933-5333	
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