

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000740

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** CHRISTIAN AWARENESS ASSOCIATION, INC.

**Current Principal Place of Business:**

1455 N.W. 66TH AVENUE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1455 N.W. 66TH AVENUE  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0815596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDO, ANGELA B  
1455 N.W. 66TH AVENUE  
MARGATE, FL 33063 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: LINDO, ANGELA B.  
Address: 1455 NW 66TH AVE  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: PARKINS, CLAUDETTE  
Address: 1420 NW 100 WAY  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: LYN, NORMA  
Address: 9741 SW 14TH STREET  
City-St-Zip: PEMBRIKE PINES, FL 33025

Title: D ( ) Delete  
Name: THOMPSON, RITA  
Address: 3500 N.W. 28TH COURT  
City-St-Zip: LAUDERDALE LAKES, FL 33311

**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:

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: ANGELA B. LINDO

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date