2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N97000000740

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: PEMBROKE 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: D (X) Change ( ) Addition
Name: LINDO, ANGELA B
Address: 1455 NW 66TH AVE
City-St-Zip: MARGATE, FL 33063

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 exemption stated 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 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 04/17/2008

Electronic Signature of Signing Officer or Director — Date