

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004494

FILED
Jan 22, 2007
Secretary of State

Entity Name: HOSANNA CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8214 PRINCETON SQUARE BLVD. E.
APT. 1202
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8214 PRINCETON SQUARE BLVD. E.
APT. 1202
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3461934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, ROBERT O III
8214 PRINCETON SQUARE BLVD. E.
APT. 1202
JACKSONVILLE, FL 32256 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: DP () Delete
Name: SMITH, ROBERT OSCAR III
Address: 8214 PRINCETON SQUARE BLVD. E. APT. 1202
City-St-Zip: JACKSONVILLE, FL 32256

Title: SCMD () Delete
Name: SMITH, JERALDINE
Address: 8214 PRINCETON SQUARE BLVD. E. APT. 1202
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC (X) Delete
Name: SMITH, FANNIE
Address: 8214 PRINCETON SQUARE BLVD. E. APT. 1202
City-St-Zip: JACKSONVILLE, FL 32256

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT O. SMITH III

DP

01/22/2007

Electronic Signature of Signing Officer or Director

Date