


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90465 015 ****70.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # N98000002088 | |  | |
| 1. Entity Name CHRISTIAN FOUNDATION CENTER, INC. | | | |
| Principal Place of Business 1763 N.W. 74TH STREET MIAMI FL 33147 | | Mailing Address 1763 N.W. 74TH STREET MIAMI FL 33147 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/05)

| | |
|---|-------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
|---|-------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JOHNSON, SOL M 1763 N.W. 74TH STREET MIAMI FL 33147 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 | D JOHNSON, SOL M 1763 NW 74 ST MIAMI FL 33147 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Trustee Trellanie R. Betts 1243 N.W. 61st Street - Apt. 3 Miami, Florida 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T JOHNSON, TALLULAH A 1763 NW 74 ST MIAMI FL 33147 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Joshua Taylor 2501 N.W. 158th Street Opa Laska, Florida 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BENITEZ THOMAS, YUDELIS 310 NW 207 STREET MIAMI FL 33169 <input checked="" 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 |
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| 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 Section 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: *Sol Johnson Sol Johnson* **2-28-06 (305) 696-2354**