


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90189 045 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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 reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW: FEE IS \$61.25 Due By May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTS, TRELLANIE R		NAME	Tallulah A. Johnson	
STREET ADDRESS	1243 N.W. 61ST STREET APT 3		STREET ADDRESS	1763 NW 74th Street	
CITY - ST - ZIP	MIAMI FL 33147		CITY - ST - ZIP	Miami, Florida 33147	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JOSHUA		NAME	Varika Weems	
STREET ADDRESS	2501 N.W. 158TH STREET		STREET ADDRESS	2951 NW 187th Street	
CITY - ST - ZIP	OPA LOCKA FL 33054		CITY - ST - ZIP	Miami, Florida 33056	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ THOMAS, YUDELIS		NAME	Leonard McGregor	
STREET ADDRESS	310 NW 207 STREET		STREET ADDRESS	2259 NW 59th Street	
CITY - ST - ZIP	MIAMI FL 33169		CITY - ST - ZIP	Miami, Florida 33142	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E037 (10/06)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07 (305) 696-2354

Date

Daytime Phone #