


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002088</b> 1. Entity Name <b>CHRISTIAN FOUNDATION CENTER, INC.</b>	
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Principal Place of Business <b>1763 N.W. 74TH STREET MIAMI FL 33147</b>	Mailing Address <b>1763 N.W. 74TH STREET MIAMI FL 33147</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, SOL M 1763 N.W. 74TH STREET MIAMI FL 33147</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, type or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is in red when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete <b>JOHNSON, TALLULAH A</b> STREET ADDRESS: <b>1763 NW 74TH ST</b> CITY- ST- ZIP: <b>MIAMI FL 33147</b>
TITLE	T <input type="checkbox"/> Delete <b>TAYLOR, JOSHUA</b> STREET ADDRESS: <b>2501 N.W. 158TH STREET</b> CITY- ST- ZIP: <b>OPA LOCKA FL 33054</b>
TITLE	S <input type="checkbox"/> Delete <b>WEEMS, VARIKA</b> STREET ADDRESS: <b>2951 NW 187TH ST</b> CITY- ST- ZIP: <b>MIAMI FL 33056</b>
TITLE	T <input type="checkbox"/> Delete <b>MCGREGOR, LEONARD</b> STREET ADDRESS: <b>2259 NW 59TH ST</b> CITY- ST- ZIP: <b>MIAMI FL 33142</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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* 02/11/08