

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006727

FILED
May 13, 2005
Secretary of State

Entity Name: FLORIDIAN FAMILY CHURCH, INC.

Current Principal Place of Business:

831 N 69 AVE
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

831 N 69 AVE
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 58-2425219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROMERO, CARLOS
7139 WEST 38 TERRACE
HIALEAH, FL 33012 US

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: CD () Delete
Name: ELLIS, PERRY
Address: 17586 NW 7T HCT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: ELLIS, ROBBIE
Address: 17506 N.W. 7 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: TIBBETS, LENA
Address: 3856 SOUTH CIRCLE DRIVE #4
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD () Delete
Name: ROMERO, CARLOS
Address: 7139 WEST 38 TERRACE
City-St-Zip: HIALEAH, FL 33012

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:

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 Section 119.07(3)(i), 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: RICHARD PERRY ELLIS

DR.

05/13/2005

Electronic Signature of Signing Officer or Director

Date