

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007098

FILED
Jan 14, 2007
Secretary of State

Entity Name: FAITH CHRISTIAN ASSEMBLY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6157 SOUTH FLORIDA AV
LAKELAND, FL 33813

New Principal Place of Business:

751 ELLIOTT RD
BARTOW, FL 33830

Current Mailing Address:

PO BOX 2686
BARTOW, FL 338312686

New Mailing Address:

FEI Number: 65-0862931 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOLEY, JAMES M REV
751 ELLIOTT RD
BARTOW, FL 33830 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: P () Delete
Name: BOLEY, JAMES M REV
Address: 132 CHAPMAN DRIVE
City-St-Zip: BARTOW, FL 33830 US

Title: TD () Delete
Name: RAYBORN, ULRIKE
Address: 2305 SOUTH WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: WEBB, CHRISTY
Address: 2305 SOUTH WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566 US

Title: D () Delete
Name: BOLEY, KAREN
Address: 751 ELLIOTT RD
City-St-Zip: BARTOW, FL 33830

Title: VPD () Delete
Name: RAYBORN, CHARLES REV
Address: 2305 SOUTH WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAYBORN, JACQUELINE V
Address: 2305 SOUTH WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566 US

Title: D (X) Change () Addition
Name: RAYBORN, JACQUELINE V
Address: 2305 SOUTH WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566 US

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: ULRIKE RAYBORN

TD

01/14/2007

Electronic Signature of Signing Officer or Director

Date