

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002766

FILED
Mar 20, 2006
Secretary of State

Entity Name: CONCORD BAPTIST CHRISTIAN FAMILY CENTER, INC.

Current Principal Place of Business:

10960 INDIES DRIVE SOUTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10960 INDIES DRIVE SOUTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3410115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, A L
10960 INDIES DRIVE SOUTH
JACKSONVILLE, FL 32246 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: D () Delete
Name: NEAL, ROSE B
Address: 10960 INDIES DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BONNER, TERRY W
Address: 10960 INDIES DR SO
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: JONES, SHARON
Address: 1308 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BROWN, BEVERLY B
Address: 10960 INDIES DR SO
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BROWN, BENNY
Address: 1308 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: JONES, A L
Address: 1308 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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:

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 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: BEVERLY B BROWN

D

03/20/2006

Electronic Signature of Signing Officer or Director

Date