

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90071 034 \*\*\*\*61.25

**DOCUMENT # N99000007573**

1. Entity Name

CENTER OF FAITH CHURCH, INC.



Principal Place of Business

698 MARTIN STREET  
APOPKA FL 32712

Mailing Address

P.O. BOX 192  
APOPKA FL 32704

2. Principal Place of Business

700 Vick Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HICKS, JAMES  
1917 PALM VISTA DR.  
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

*James Hicks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HICKS, JAMES  
STREET ADDRESS 1917 PALM VISTA DR.  
CITY-ST-ZIP APOPKA FL

TITLE T ☐ Delete  
NAME HICKS, ALICE L  
STREET ADDRESS 1917 PALM VISTA DR.  
CITY-ST-ZIP APOPKA FL

TITLE T ☐ Delete  
NAME BRIGHT, GLADYS D  
STREET ADDRESS 1109 PARK GREEN PL.  
CITY-ST-ZIP WINTER PARK FL

TITLE T ☐ Delete  
NAME ADKINS, SHARON  
STREET ADDRESS 180 W CLEAVLAND ST  
CITY-ST-ZIP APOPKA FL 32703

TITLE T ☐ Delete  
NAME HICKS, JAMES A  
STREET ADDRESS 1917 PALM VISTA DR  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James Hicks*

2-13-06