

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007573

FILED
Feb 15, 2010
Secretary of State

Entity Name: CENTER OF FAITH CHURCH, INC.

Current Principal Place of Business:

700 VICK RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 192
APOPKA, FL 32704

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, JAMES
1917 PALM VISTA DR.
APOPKA, FL 32712 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
Name: HICKS, JAMES
Address: 1917 PALM VISTA DR.
City-St-Zip: APOPKA, FL 32712 US

Title: T
Name: HICKS, ALICE L
Address: 1917 PALM VISTA DR.
City-St-Zip: APOPKA, FL 32712 US

Title: T
Name: BRIGHT, GLADYS D
Address: 1109 PARK GREEN PL.
City-St-Zip: WINTER PARK, FL 32789 US

Title: T
Name: ADKINS, SHARON
Address: 180 W CLEAVLAND ST
City-St-Zip: APOPKA, FL 32703

Title: T
Name: HICKS, JAMES A
Address: 940 DOUGLAS AVE #131
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: CHISHOLM, AUDREY K
Address: 4509 LAKE LAWNE AVE
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: JAMES HICKS

D

02/15/2010

Electronic Signature of Signing Officer or Director

Date