

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007599

FILED
Apr 30, 2008
Secretary of State

Entity Name: NATIONAL CENTER FOR FAITH-BASED INITIATIVE, INC.

Current Principal Place of Business:

2101 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2101 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1004025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KEITH A
4510 PORTOFINO WAY
SUITE 209
WEST PALM BEACH, FL 33409 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: RAY, HAROLD CALVIN
Address: 2101 AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: BLAKE, CHARLES E
Address: 3045 CRENSHAW BOULEVARD
City-St-Zip: LOS ANGELES, CA 90016

Title: D (X) Delete
Name: ELLIS, J. DELANO II
Address: 10515 CHESTER AVENUE
City-St-Zip: CLEVELAND, OH 44106

Title: D (X) Delete
Name: LONG, EDDIE L
Address: 2778 SNAPPFINGER ROAD
City-St-Zip: DECATUR, GA 30034

Title: D (X) Delete
Name: MORTON, PAUL S
Address: 9661 LAKE FOREST BOULEVARD
City-St-Zip: NEW ORLEANS, FL 70119

Title: D (X) Delete
Name: PATTERSON, GILBERT E
Address: 250 EAST RAINES ROAD
City-St-Zip: MEMPHIS, TN 38109

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 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: HAROLD RAY

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date