


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90025 031 \*\*\*150.00

<b>DOCUMENT # P93000049714</b> 1. Entity Name <b>CHRISTIAN FAMILY BOOKSTORE, INC.</b>					
Principal Place of Business <b>3860 WEST BROWARD BLVD. PLANTATION, FL 33312 US</b>			Mailing Address <b>3860 WEST BROWARD BLVD. PLANTATION, FL 33312 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>50006838</b>	
City & State		City & State		4. FEI Number <b>65-0427918</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JORDAN, PATRICIA 7520 NW 11 PLACE PLANTATION, FL 33313</b>				7. Name and Address of New Registered Agent Name <b>PATRICIA JORDAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3041 SW 23rd STREET</b> <b>FT. LAUDERDALE FL</b> City <b>FL</b> Zip Code <b>33312</b>	
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 <i>Patricia Jordan</i> <span style="float: right;">1/24/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>JORDAN, RANDY 7520 NW 11 PLACE PLANTATION, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JORDAN RANDY 3041 SW 23 ST. FT. LAUDERDALE FL 33312</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>JORDAN, PATRICIA 7520 NW 11 PLACE PLANTATION, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JORDAN, PATRICIA 3041 SW 23 STREET FT. LAUD FL 33312</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <i>Patricia Jordan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/24/05 954-587-8100 <small>Date Daytime Phone #</small>		