

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004136

**Entity Name:** NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC7465453587**

**Current Principal Place of Business:**

11625 RAINWATER DR.  
STE 500  
ALPHARETTA, GA 30009

**Current Mailing Address:**

11625 RAINWATER DR.  
STE 500  
ALPHARETTA, GA 30009

**FEI Number: 58-1493949**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            WILLIAMS, BILL  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

Title            SEC  
Name            TOWNSEND, TIMOTHY W  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

Title            TREA  
Name            JOHNSON, DAVE D  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

Title            DIR  
Name            PARKER, TERRILL A  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

Title            CH  
Name            BLANKEMEYER, JAMES  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

Title            DIR  
Name            CORRELL, JESSE  
Address        11625 RAINWATER DR.  
                  STE 500  
City-State-Zip: ALPHARETTA GA 30009

*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: DAVE D JOHNSON**

**TREASURER**

**03/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date