

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707890

FILED
Jan 18, 2008
Secretary of State

Entity Name: CHURCH OF GOD BY FAITH, INC.

Current Principal Place of Business:

1315 LANE AVE SO
SUITE #6
JACKSONVILLE, FL 32205

New Principal Place of Business:

7409 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210

Current Mailing Address:

1315 LANE AVE SO
STE. #6
JACKSONVILLE, FL 32205

New Mailing Address:

POST OFFICE BOX 6354
JACKSONVILLE, FL 32236

FEI Number: 59-1631564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDY, SARAH E
6536 ARROWROOT DRIVE
JACKSONVILLE, FL 32244 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: P () Delete
Name: MCKNIGHT, SR. JAMES, E.
Address: 7121 N.E. 26TH PLACE
City-St-Zip: GAINESVILLE, FL 32602

Title: S () Delete
Name: ROURK, DAVID C.,
Address: 105 EASTMAN ESTATES
City-St-Zip: ROCHESTER, NY 14622

Title: D () Delete
Name: MCKNIGHT, JR. JAMES, E.
Address: 2514 NE 65TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: ROBINSON, JR., JOHN,
Address: 300 ESSEX DR.
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: TURNER, SR. HORACE N, .
Address: 347 WILLIE ANDERSON RD
City-St-Zip: NICHOLLS, GA 31554

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:

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: SARAH E. LUNDY

RA

01/18/2008

Electronic Signature of Signing Officer or Director

Date