


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 043 ****61.25

DOCUMENT # 765025

1. Entity Name
FAITH WORLD, INCORPORATED



Principal Place of Business
 1355 RAINVILLE RD
 TARPON SPRINGS, FL 34689 US

Mailing Address
 P. O. BOX 125
 TARPON SPRINGS, FL 34688- US

2. Principal Place of Business
1355 Rainville Rd
Tarpon Springs

3. Mailing Address
P.O. Box 125
Tarpon Springs

Suite, Apt. #, etc. **A**

City & State

Zip **34689** Country

Zip **34688** Country **USA**



04012004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

HALE, RUTHANNE — Marilee
1810 MANNER DR #206
TARPON SPRINGS, FL 34689
1810 Mariner dr #206
Tarpon Springs FL 34689

4. FEI Number
59-2215819

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HALE, LESLIE S.	1310 RIVERVIEW DR	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
SD	HALE, MAUREEN	1310 RIVERVIEW DR	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
TD	HALE, RUTHANNE	1810 MANNER DR #206	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
	Ruthanne Hale	1810 Manner dr #206	Tarpon Springs FL 34689	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: *Leanne Gale* Date: *April 26, 04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR