


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002812

1. Entity Name
PORT OF FAITH CHAPEL, INCORPORATED



Principal Place of Business
**101 INDIGO DR
 DAYTONA BEACH, FL 32114**

Mailing Address
**P.O. BOX 9655
 DAYTONA BEACH, FL 32120**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
33-0048563

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN HOUTEN, MICHAEL A
 114 S. PALMETTO AVENUE
 DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

U00000271758
 03/21/05-80062-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BARNARD, GERALD G 140 POINT O'WOODS DRIVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLSON, STARLA BARNARD 140 POINT O'WOODS DRIVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVC DUCKWORTH, THOMAS 101 INDIGO DR DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARGUS, JESSEE 1370 HIBISCUS NW NORTH FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROZIER, CURTIS 4050 LOLA ROAD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gerald G Barnard* **3/16/05** **386 253 2484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #