


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

04-29-2004 90334 017 ****70.00

DOCUMENT # N00000003720
1. Entity Name
FAITH BIBLE CHURCH INC.



Principal Place of Business: **FIVE CHURCHES ROAD SANDERSON FL 32087**
Mailing Address: **PO BOX 104 SANDERSON FL 32087**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____

4. FEI Number: **59-3640359**
Applied For: Not Applicable:

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
WILLIAMS, VIDELL
14203 GASKINS CIRCLE
SANDERSON FL 32087

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 15, 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	D	BRANCH, ROBERT J JR	<input type="checkbox"/> Delete
NAME		RT 2 BOX 2048	
STREET ADDRESS		SANDERSON FL 32087	
CITY-ST-ZIP			
TITLE	D	JEFFERSON, PHILLIP	<input type="checkbox"/> Delete
NAME		GASKINS CIRCLE	
STREET ADDRESS		SANDERSON FL 32087	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, VIDELL	<input type="checkbox"/> Delete
NAME		14203 GASKIN CIR.	
STREET ADDRESS		SANDERSON FL 32087	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, ROSA ANNETTE	<input type="checkbox"/> Delete
NAME		241 MICHIGAN AVE	
STREET ADDRESS		MACCLENNY FL 32063	
CITY-ST-ZIP			
TITLE	D	GREEN, WILLIAM JR.	<input type="checkbox"/> Delete
NAME		7386 BENNIE GREENS CT.	
STREET ADDRESS		SANDERSON FL 32087	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, MARVA J	<input type="checkbox"/> Delete
NAME		14203 GASKINS CIR.	
STREET ADDRESS		SANDERSON FL 32087	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>22375 Cason Rd.</i>
CITY-ST-ZIP	<i>SanderSON, FL 32087</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>14203 Gaskin Cir.</i>
CITY-ST-ZIP	<i>SanderSON, FL 32087</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **4-27-04** **904-275-2770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #