

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 047 ****61.25



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

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

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

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

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 **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 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRANCH, ROBERT J JR | |
| STREET ADDRESS | 22375 CASON RD | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JEFFERSON, PHILLIP | |
| STREET ADDRESS | 14203 GASKIN CIR | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, VIDELL | |
| STREET ADDRESS | 14203 GASKIN CIR. | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, ROSA ANNETTE | |
| STREET ADDRESS | 241 MICHIGAN AVE | |
| CITY-ST-ZIP | MACCLENNY FL 32063 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREEN, WILLIAM JR. | |
| STREET ADDRESS | 7386 BENNIE GREENS CT. | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, MARVA J | |
| STREET ADDRESS | 14203 GASKINS CIR. | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas, Leroy Jr. | |
| STREET ADDRESS | 1216 E. Monroe Street | |
| CITY-ST-ZIP | Lake City, FL 32025 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Williams, Vern | |
| STREET ADDRESS | 524 S. Blvd. | |
| CITY-ST-ZIP | Macclenny, FL 32063 | |
| 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: *Mary L. Williams* **4-8-05** **904-275-2770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #