

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 020 ****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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

32087

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, VIDELL
 14203 GASKINS CIRCLE
 SANDERSON FL 32087**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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 checked="" 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 | MACLENNY 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 East Mohrue St. | |
| CITY-ST-ZIP | Lake City, FL 32025 | |
| 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 exemptions contained in Section 119, 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: *Marva J. Williams* Marva J. Williams 3-9-06 904-275-7770