


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 001 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
 Zip Country

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 _____
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, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LEROY JR	
STREET ADDRESS	1216 E MONROE ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCray, Steve Sr.	
STREET ADDRESS	378 S.E. Guardian gln	
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 4-3-08 DK 275-2770