

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N00000003720

Entity Name: FAITH BIBLE CHURCH INC.

Current Principal Place of Business:

FIVE CHURCHES ROAD
SANDERSON, FL 32087

New Principal Place of Business:

15902 US HWY 90 WEST
SANDERSON, FL 32087

Current Mailing Address:

PO BOX 104
SANDERSON, FL 32087

New Mailing Address:

FEI Number: 59-3640359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, VIDELL
14203 GASKINS CIRCLE
SANDERSON, FL 32087 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCRAY, STEVE SR.
Address: 378 S.E. GUARDIAN GLN
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: JEFFERSON, PHILLIP
Address: 14203 GASKIN CIR
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: WILLIAMS, VIDELL
Address: 14203 GASKIN CIR.
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: WILLIAMS, ROSA ANNETTE
Address: 241 MICHIGAN AVE
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: GREEN, WILLIAM JR.
Address: 7386 BENNIE GREENS CT.
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: WILLIAMS, MARVA J
Address: 14203 GASKINS CIR.
City-St-Zip: SANDERSON, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDELL WILLIAMS

D

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date