# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2006**
**Secretary of State**

DOCUMENT# N02000005930

**Entity Name:** FAITHDOME OF FELLOWSHIP, INC.

**Current Principal Place of Business:**

111 PEREGRINE CT
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

111 PEREGRINE CT
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number: 54-2066747** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HODGES, GEORGE
585 S CR-427 STE 121
LONGWOOD, FL 327505462 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: | PD | ( ) Delete |
| Name: | QUINONES, JAYSON MR. | |
| Address: | 111 PEREGRINE CT | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | SD | ( ) Delete |
| Name: | BANDS-VALES, VANESSA ZULMA MRS. | |
| Address: | 472 GREENSPRINES CIR | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | D | ( ) Delete |
| Name: | BENNETT, ROBERT L MR. | |
| Address: | 513 GREENSPRINGS CIR | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | TD | ( ) Delete |
| Name: | SOTO, GABRIEL MR. | |
| Address: | 511 ELDRON AVE | |
| City-St-Zip: | DELTONA, FL 32738 | |
| Title: | D | ( ) Delete |
| Name: | BANOS-ARAUZ, ALDO R MR. | |
| Address: | 472 GREEN SPRINGS CIR | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | D | ( ) Delete |
| Name: | BENNETT, MARISOL MRS. | |
| Address: | 509 SEASONS CT | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |

**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 |
| Name: | |
| 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 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: JAYSON QUINONES PD 01/24/2006

Electronic Signature of Signing Officer or Director — Date