

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005930

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAITHDOME OF FELLOWSHIP, INC.

Current Principal Place of Business:

950 N. CENTRAL AVENUE SUITE 3 & 4
OVIEDO, FL 32765

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: BANOS-VALES, ZULMA V MRS.
Address: 472 GREEN SPRINGS CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BENNETT, ROBERT L MR.
Address: 324 CELLO CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: BANOS-ARAUZ, ALDO R MR.
Address: 472 GREEN SPRINGS CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: QUINONES, ELAINE MRS.
Address: 111 PEREGRINE CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BENNETT, MARISOL MRS.
Address: 324 CELLO CIRCLE
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
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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: JAYSON R. QUINONES

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date