

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# N04000005388

Entity Name: FAITH INTERNATIONAL, INC.

Current Principal Place of Business:

575 AZALEA BLOOM DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

575 AZALEA BLOOM DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-1183903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FABIO, DEBRA
575 AZALEA BLOOM DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GIBSON, WALTER
575 AZALEA BLOOM DRIVE
APOPKA, FL 32712 US

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: WALTER GIBSON

07/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIBSON, WALTER
Address: 575 AZALEA BLOOM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: GIBSON, VERA
Address: 575 AZALEA BLOOM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: GIBSON, LORRAINE
Address: 101 ATLANTIC AVENUE
City-St-Zip: FREEPORT, NY 11520

Title: T () Delete
Name: JACOBS, JEANETTE
Address: 575 AZALEA BLOOM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: BOND, TURNER C
Address: 1158 BAILEY ROAD
City-St-Zip: WILLIAMSTON, NC 27892

Title: D () Delete
Name: JONES, RODNEY
Address: 7827 LAUREL OAK LANE
City-St-Zip: KISSIMMEE, FL 34747

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 Section 119.07(3)(i), 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: WALTER GIBSON

PD

07/27/2005

Electronic Signature of Signing Officer or Director

Date