


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

05-03-2005 90109 038 ****61.25

DOCUMENT # N04000008550
 1. Entity Name
FAITH AWARDS, INC.



Principal Place of Business Mailing Address
 5039 ANDREW ROBINSON DR. 5039 ANDREW ROBINSON DR.
 JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **161725072** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

66019663



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
DENSON, NORMAN
5039 ANDREW ROBINSON DR.
JACKSONVILLE FL 32209

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 obligation of registered agent.
 SIGNATURE *Norman Denson* DATE **4/29/05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DP	<input type="checkbox"/> Delete
NAME	DENSON, NORMAN	
STREET ADDRESS	5039 ANDREW ROBINSON DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DENSON, ROSALYN	
STREET ADDRESS	5039 ANDREW ROBINSON DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BANKS, ROBERT	
STREET ADDRESS	10888 CHADRON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felix, Thomas III	
STREET ADDRESS	1437 Breton Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
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 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 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: *Norman Denson* DATE: **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #