


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 013 ****70.00

DOCUMENT # N06000001212					
1. Entity Name FAITH FELLOWSHIP CHURCH OF WAKULLA COUNTY INC.					
Principal Place of Business P O BOX 809 WOODVILLE, FL 32362			Mailing Address P O BOX 809 WOODVILLE, FL 32362		
2. Principal Place of Business - No P.O. Box # 2735 Crawfordville Hwy.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crawfordville, FL		City & State		4. FEI Number 20-4243870	
Zip 32327		Country Wakulla		Zip Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333			7. Name and Address of New Registered Agent Name <u>Gail B. Benjamin</u> Street Address (P.O. Box Number is Not Acceptable) 3727 Shoreline Drive City <u>Tallahassee</u> FL Zip Code <u>32305</u>		
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 obligations of registered agent.					
SIGNATURE <u>Gail B. Benjamin</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE <u>4-28-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENNISON, TOMMY P O BOX 809 WOODVILLE, FL 32362 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSTIN, GARY P O BOX 809 WOODVILLE, FL 32362 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Austin, Gary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3973 Bourbon Street</u> <u>Tallahassee, FL 32303</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AINSWORTH, RICK P O BOX 809 WOODVILLE, FL 32362 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Ainsworth, Rick</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>202 Woodland Heritage Blvd.</u> <u>Crawfordville, FL 32327</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALYEA, BRYAN P O BOX 809 WOODVILLE, FL 32362 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S Crum, Lisa</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>240 Friendship Church Rd.</u> <u>Crawfordville, FL 32327</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUM, DAVID P O BOX 809 WOODVILLE, FL 32362 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Crum, David</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>240 Friendship Church Rd.</u> <u>Crawfordville, FL 32327</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T Benjamin, Gail</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>3727 Shoreline Dr.</u> <u>Tallahassee, FL 32305</u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Gail B. Benjamin</u> <u>Gail B. Benjamin</u> <u>4-30-07</u> <u>850-877-7771</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					