


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000001212	
1. Entity Name FAITH FELLOWSHIP CHURCH OF WAKULLA COUNTY INC.	

Principal Place of Business 2735 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	Mailing Address P O BOX 809 WOODVILLE, FL 32362
--	---

DO NOT WRITE IN THIS SPACE



04132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4243870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BENJAMIN, GAIL B
3727 SHORELINE DR
TALLAHASSEE, FL 32305**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000917301 05/13/08-80036-005 70.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE P	TENNISON, TOMMY
NAME	
STREET ADDRESS	P O BOX 809
CITY-ST-ZIP	WOODVILLE, FL 32362
TITLE D	AUSTIN, GARY
NAME	
STREET ADDRESS	3973 BOURBON ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE D	AINSWORTH, RICK
NAME	
STREET ADDRESS	202 WOODLAND HERITAGE BLVD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE S	CRUM, LISA
NAME	
STREET ADDRESS	240 FRIENDSHIP CHURCH RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE D	CRUM, DAVID
NAME	
STREET ADDRESS	240 FRIENDSHIP CHURCH RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE T	BENJAMIN, GAIL
NAME	
STREET ADDRESS	37207 SHORELINE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32305

DO NOT WRITE IN THIS SPACE

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: *Gail Benjamin* **Gail Benjamin** **4-18-08** **850-877-7771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #