

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 10, 2011
Secretary of State

DOCUMENT# N06000001212

Entity Name: FAITH FELLOWSHIP CHURCH OF WAKULLA COUNTY INC.**Current Principal Place of Business:**2735 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 1629
CRAWFORDVILLE, FL 32326**New Mailing Address:****FEI Number:** 20-4243870**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MESSER, ABBIE R
45 LITTLE CREEK DRIVE
CRAWFORDVILLE, FL 32327 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: P
Name: TENNISON, TOMMY
Address: P O BOX 857
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D
Name: AUSTIN, GARY
Address: 3973 BOURBON ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: MESSER, ANDREW
Address: 45 LITTLE CREEK DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S
Name: CRUM, LISA
Address: 240 FRIENDSHIP CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: CRUM, DAVID
Address: 240 FRIENDSHIP CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: BENJAMIN, GAIL
Address: 37207 SHORELINE DR
City-St-Zip: TALLAHASSEE, FL 32305

I hereby 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 all other like empowered.

SIGNATURE: TOMMY TENNISON

P

08/10/2011

Electronic Signature of Signing Officer or Director

Date