

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011265

FILED
Feb 06, 2007
Secretary of State

Entity Name: SPIRIT OF FAITH CHRISTIAN CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

2002 MEDINAH RIDGE ROAD
ACCOKEEK, MD 20607

New Principal Place of Business:

1404 SW 109TH DRIVE
GAINESVILLE, FL 32608

Current Mailing Address:

2002 MEDINAH RIDGE ROAD
ACCOKEEK, MD 20607

New Mailing Address:

1404 SW 109TH DRIVE
GAINESVILLE, FL 32608

FEI Number: 20-5952768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, SHARON
8469 QUARTER HORSE DRIVE
RIVERVIEW, FL 33569 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: D () Delete
Name: CLAYTOR, KENNETH J
Address: 2002 MEDINAH RIDGE ROAD
City-St-Zip: ACCOKEEK, MD 20607

Title: D () Delete
Name: CLAYTOR, TABATHA A
Address: 2002 MEDINAH RIDGE ROAD
City-St-Zip: ACCOKEEK, MD 20607

Title: D () Delete
Name: CLAYTOR, KANDICE G
Address: 113 PATTON DRIVE
City-St-Zip: BECKLEY, WV 25801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLAYTOR, KENNETH J
Address: 1404 SW 109TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: CLAYTOR, TABATHA A
Address: 1404 SW 109TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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 Chapter 119, 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: KENNETH J CLAYTOR

DIR

02/06/2007

Electronic Signature of Signing Officer or Director

Date