

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27728

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA FAITH FORUM, INC.

Current Principal Place of Business:

2530 WILSON ROAD
LAND O LAKES, FL 34639

New Principal Place of Business:

2530 WILSON ROAD
LAND O LAKES, FL 34638

Current Mailing Address:

2530 WILSON ROAD
LAND O' LAKES, FL 34638

New Mailing Address:

FEI Number: 59-2909940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANICK, LINDA
105 S OBRIEN ST APT 114
TAMPA, FL 33609 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: PD () Delete
Name: JOHNSON, W. WOODLAND, JR.
Address: 22235 CARSON DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: SWANICK, LINDA
Address: 105 S O BRIEN ST APT 114
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: SKIPPER, STANLEY J., SR.
Address: 2007 DELEON, APT A
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: PIETZ, GREG
Address: 6904 SHADY PLACE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: MACHESNEY, A ALLEN
Address: 11504 GILBRALTER PL
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: GORDON, JAMES R
Address: 285 SUNSET DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W. WOODLAND JOHNSON, JR.

PD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date