
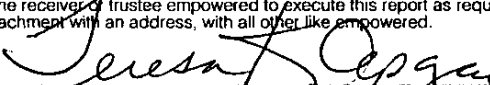


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 047 ****61.25

| | | | | | |
|--|------------------------|---|--|---|--|
| DOCUMENT # N02000009129 1. Entity Name FAITH, HOPE AND CHARITY SOCIETY, INC. | | | |  | |
| Principal Place of Business 106 RIDGEWAY BLVD DELAND, FL 32724 | | | Mailing Address P.O. BOX 1871 DELAND, FL 32721 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 54-2092013 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent APGAR, TERESA K 106 RIDGEWAY BLVD DELAND, FL 32724 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | APGAR, TERESA K | | NAME | | |
| STREET ADDRESS | 106 RIDGEWAY BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32724 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BEAL, SHIRLEY | | NAME | VD Smith, Cherry | |
| STREET ADDRESS | 1303 TRAIL BY THE LAKE | | STREET ADDRESS | P.O. Box 671 | |
| CITY-ST-ZIP | DELAND, FL 32724 | | CITY-ST-ZIP | Daytona Beach, FL 32115-0671 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROPER, ROBIN | | NAME | | |
| STREET ADDRESS | 2425 OAKPARK DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32724 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | YOUNGQUIST, KATHLEEN | | NAME | | |
| STREET ADDRESS | 2393 OAKPARK DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32724 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BLAIS, STEVE | | NAME | | |
| STREET ADDRESS | P.O. BOX 3536 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32721 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CORNETT, TAVER | | NAME | | |
| STREET ADDRESS | P.O. BOX 3194 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32721 | | CITY-ST-ZIP | | |
| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |