


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003784 1. Entity Name FAITH CORNERSTONE CHURCH MINISTRY, INC.	
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FILED
07 APR 30 AM 10: 32
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5460 COLLINS CHAPEL ROAD MALONE, FL 32445	Mailing Address P. O. BOX 518 MALONE, FL 32445
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(N03000003784N)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 02-0647024	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, VIRGINIA M 4550 MT. PLEASANT RD. QUINCY, FL 32352	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ 700101627107
05/07/07--01002--016 **70.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, VIRGINIA M 4550 MT. PLEASANT RD. QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Virginia Smith 878 Arlington Circle Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, AROCK 4550 MT. PLEASANT RD. QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Aaron Cloud 4550 Mt. Pleasant Rd. Quincy, FL 32352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, BRUCE 138 GENE WILLIAMS RD. QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Bruce Ivey 138 Gene Williams Rd Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPSHAW, JERRY 3338 VALLEY OAK DR. MARIANNA, FL 32446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Wendy Miley 5270 10th Street Malone, FL 32445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRONSON, ARLEATHA 1830 HARTSFIELD ROAD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JAMES 3338 VALLEY OAK DR. MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce A. Ivey 4/07/07 850-875-4871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #