


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90003 016 ****75.00

DOCUMENT # N03000003784

1. Entity Name
FAITH CORNERSTONE CHURCH MINISTRY, INC.



Principal Place of Business
**5460 COLLINS CHAPEL ROAD
 MALONE, FL 32445**


Mailing Address
**P. O. BOX 518
 MALONE, FL 32445**

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0647024

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, VIRGINIA M			NAME			
STREET ADDRESS	4550 MT. PLEASANT RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, AROCK			NAME			
STREET ADDRESS	4550 MT. PLEASANT RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IVEY, BRUCE			NAME			
STREET ADDRESS	138 GENE WILLIAMS RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JEROME			NAME	Officer Smith, Tyrone		
STREET ADDRESS	878 ARLINGTON CIRCLE			STREET ADDRESS	818 Arlington Circle		
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP	Quincy, FL 32351		
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLOUD, AARON			NAME			
STREET ADDRESS	4550 MT PLEASANT RD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32352			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, JAMES			NAME			
STREET ADDRESS	3338 VALLEY OAK DR.			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 32446			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: Virginia M Smith **2-6-08** **850 256-9056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #