

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005930

Entity Name: FAITHDOME OF FELLOWSHIP, INC.**Current Principal Place of Business:**50 W MAGNOLIA STREET
OVIEDO, FL 32765**Current Mailing Address:**111 PEREGRINE CT
WINTER SPRINGS, FL 32708**FEI Number:** 54-2066747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, GEORGE
585 S CR-427 STE 121
LONGWOOD, FL 32750-5462 US*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**Officer/Director Detail :**

Title	PD
Name	QUINONES, JAYSON MR.
Address	111 PEREGRINE CT
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	BENNETT, ROBERT LMR.
Address	463 TRADITION LANE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	QUINONES, ELAINE MRS.
Address	111 PEREGRINE CT
City-State-Zip:	WINTER SPRINGS FL 32708

Title	SD
Name	BANOS-VALES, ZULMA VMRS.
Address	445 EAGLE CIRCLE
City-State-Zip:	CASSELBERRY FL 32707

Title	TD
Name	BANOS-ARAUZ, ALDO RMR.
Address	445 EAGLE CIRCLE
City-State-Zip:	CASSELBERRY FL 32707

Title	D
Name	BENNETT, MARISOL MRS.
Address	463 TRADITION LANE
City-State-Zip:	WINTER SPRINGS FL 32708

I hereby 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 all other like empowered.

SIGNATURE: ALDO R BANOS-ARAUZ**TREASURER****03/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date