| 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 it 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: RICK AINSWORTH

Electronic Signature of Signing Officer/Director Detail

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.

Electronic Signature of Registered Agent

SIGNATURE:

| Officer/Director Detail : | | | | |
|---------------------------|------------------------------------|-----------------|------------------------|--|
| Title | TRUSTEE | Title | TRUSTEE | |
| Name | AINSWORTH, RICK | Name | AINSWORTH, MATTHEW | |
| Address | 202 WOODLAND HERITAGE BOULEVARD | Address | 71 FIELD LOOP | |
| | | City-State-Zip: | CRAWFORDVILLE FL 32327 | |
| City-State-Zip: | CRAWFORDVILLE FL 32327 | | | |

Name and Address of Current Registered Agent:

GAIL, BENJAMIN TALLAHASSE, FL 32305 US

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600001212

Entity Name: FAITH FELLOWSHIP CHURCH OF WAKULLA COUNTY INC.

Current Principal Place of Business:

2735 CRAWFORDVILLE HWY CRAWFORDVILLE. FL 32327

Current Mailing Address:

POST OFFICE BOX 1629 CRAWFORDVILLE. FL 32326

FEI Number: 20-4243870

3727 SHORELINE DRIVE

FILED Apr 30, 2016 Secretary of State CC2582480840

Date

Certificate of Status Desired: No

TRUSTEE

04/30/2016

Date