

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001212

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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAIL, BENJAMIN
3727 SHORELINE DRIVE
TALLAHASSEE, FL 32305 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	P
Name	TENNISON, TOMMY
Address	P O BOX 857
City-State-Zip:	CRAWFORDVILLE FL 32326

Title	D
Name	MESSER, ANDREW
Address	45 LITTLE CREEK DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	CRUM, DAVID
Address	240 FRIENDSHIP CHURCH RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	AUSTIN, GARY
Address	3973 BOURBON ST
City-State-Zip:	TALLAHASSEE FL 32303

Title	S
Name	CRUM, LISA
Address	240 FRIENDSHIP CHURCH RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	T
Name	BENJAMIN, GAIL
Address	37207 SHORELINE DR
City-State-Zip:	TALLAHASSEE FL 32305

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: GAIL BENJAMIN**TREASURER****01/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date