

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000253

**Entity Name:** FAITH KINGDOM CHURCH INC

**Current Principal Place of Business:**

2518 CREST DR  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 1318  
HAINES CITY, FL 33844 US

**FEI Number: 59-2781233**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBINSON, MAURICE  
1901 W COLONIAL DR  
11  
ORLANDO, FL 32804 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 PT  
Name BAKER, ANTHONY J  
Address 2518 CREST DR  
City-State-Zip: HAINES CITY FL 33844

Title VT  
Name RATLIFF, LOLRENZO  
Address PO BOX 1318  
City-State-Zip: HAINES CITY FL 33844

Title TT  
Name BRUNDIGE, WRENITA  
Address PO 1318  
City-State-Zip: HAINES CITY FL 33844

Title T  
Name RATLIFF, STACEY  
Address PO BOX 1318  
City-State-Zip: HAINES CITY FL 33844

Title T  
Name WEST, BETTYE D  
Address PO BOX 1318  
City-State-Zip: HAINES CITY FL 33844

*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: ANTHONY J BAKER**

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date