2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708587

FILED Jan 12, 2004 Secretary of State

Entity Name: TRUSTEE CORPORATION OF THE FAITH MEMORIAL BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6731 RAMONA BOULEVARD JACKSONVILLE, FL 32205 **Current Mailing Address: New Mailing Address:** 6731 RAMONA BOULEVARD JACKSONVILLE, FL 32205 FEI Number: 59-1103591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLOYD G TOUCHTON 5547 RAMONA BLVD JACKSONVILLE, FL 32205 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MORGAN, VIRGIL CHAUNCEY, ALLEN Name: Name: 8643 CANTON DR Address: 927 GRACE TERRACE Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32205 Title: () Delete Title: (X) Change () Addition CHAUNCEY, ALLEN Name: SCARBOROUGH, ROBERT Name: Address: 927 GRACE TERRACE Address: 7759 PINNACLE DR City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32221 Title: () Delete Title: (X) Change () Addition BAKER, DAVID RIGDON, STUART Name: Name: 502 NEW BRUNSWICK TERRACE 10547 CRYSTAL SPRINGS ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221 () Delete Title: Title: () Change () Addition CRABTREE, J P. Name: Name: 5039 TIMUQUANA RD APT #10 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: (X) Delete Title: () Change () Addition RIGON, STUART Name: Name: 10547 CRYSTAL SPRINGS RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: Title: () Delete Title: () Change () Addition REID, HAROLD E Name: Name: Address: 3768 BRAMBLE ROAD Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH P CRABTREE TREA 01/12/2004