2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709180

FILED Jul 03, 2006 Secretary of State

Entity Name: FAITH MISSIONARY CHURCHES, INC. **Current Principal Place of Business: New Principal Place of Business:** 801 W 18TH STREET 24713 LEONARD WAY SANFORD, FL 32771 EUSTIS, FL 32736 **Current Mailing Address: New Mailing Address:** 801 W 18TH STREET 24713 LEONARD WAY SANFORD, FL 32771 EUSTIS, FL 32736 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILTON, ROY E SR 801 W 18TH STREET SANFORD, FL 32771 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: () Delete (X) Change () Addition COX, JACK COX, JACK L Name: Name: 24713 LEONARD WAY Address: 24713 LEONARD WAY Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 Title: STD Title: () Delete () Change () Addition Name: WILTON, ROY E SR Name: Address: 801 W 18TH ST Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition HOLCOMB, RICHARD Name: HOLCOMB, RICHARD Name: 3874 BRIDGES RD Address: 3874 BRIDGES RD Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 () Change (X) Addition Title: () Delete Title: ST Name: Name: COX, MARY A Address: Address: 24723 LEONARD WAY City-St-Zip: City-St-Zip: EUSTIS, FL 32736 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JACK L. COX PD 07/03/2006