2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709180

FILED Feb 16, 2007 Secretary of State

Entity Name: FAITH MISSIONARY CHURCHES, INC.

Current Principal Place of Business: New Principal Place of Business:

24713 LEONARD WAY EUSTIS, FL 32736 US

Current Mailing Address: New Mailing Address:

24713 LEONARD WAY EUSTIS, FL 32736 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

COX, JACK L

24713 LEONARD WAY

EUSTIS, FL 32736 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: JACK L. COX 02/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 COX, JACK L
 Name:
 COX, JACK L

 Address:
 24713 LEONARD WAY
 Address:
 24713 LEONARD WAY

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32726 US

 Name:
 WILTON, ROY E SR
 Name:
 HOLCOMB, RICHARD

 Address:
 801 W 18TH ST
 Address:
 3262 E LAKE MARY BLVD

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32773 US

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf ST} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 HOLCOMB, RICHARD
 Name:
 COX, MARY A

 Address:
 3874 BRIDGES RD
 Address:
 24713 LEONARD WAY

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 EUSTIS, FL 32736 US

Title: ST () Delete Title: D (X) Change () Addition

 Name:
 COX, MARY A
 Name:
 RHOADES, GARY

 Address:
 24723 LEONARD WAY
 Address:
 2851 AVALONA DRIVE

 City-St-Zip:
 EUSTIS, FL 32736 US
 City-St-Zip:
 SANFORD, FL 32773 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 02/16/2007