


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 713297 1. Entity Name MISSIONARY FAITH BAPTIST CHURCH, INC.		
Principal Place of Business 4909 SILVER OAK DRIVE FT PIERCE FL 34982		Mailing Address 4909 SILVER OAK DRIVE FT PIERCE FL 34982
2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0039407		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAST, RICHARD D. 4909 SILVER OAK DRIVE FT PIERCE FL 34982	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD GAST, RICHARD D	TITLE	
NAME		NAME	
STREET ADDRESS	4909 SILVER OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD WELLS, HAROLD E	TITLE	
NAME		NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD WELLS, CATHY L	TITLE	
NAME		NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD WELLS, HAROLD E	TITLE	
NAME		NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard D. Gast* **Richard D. GAST** Jan. 24, 2005 772-4662942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #