2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726765

FILED Jan 10, 2007 Secretary of State

Entity Name: FAITH PRESBYTERIAN CHURCH OF WAUCHULA, FLORIDA, INC.

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

114 N. 7TH AVE. 114 N. 7TH AVE.

P.O. BOX 1480 WAUCHULA, FL 338732602

WAUCHULA, FL 338732602

Current Mailing Address:

New Mailing Address:

114 N. 7TH AVE. PO BOX 1480

FEI Number Applied For ()

P.O. BOX 1480 WAUCHULA, FL 338732602

WAUCHULA, FL 338732602

FEI Number: 59-1590292

FEI Number Not Applicable () Certificate of Status Desired ()

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

JONES, ROBERTJONES, ROBERT3030 MYRTLE STREET3030 BIARWOOD

ZOLFO SPRINGS, FL 33890 US WAUCHULA, FL 33873 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: 01/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 JONES, ROBERT
 Name:
 JONES, ROBERT

 Address:
 3030 MYRTLE STREET
 Address:
 3030 BIARWOOD

 City-St-Zip:
 ZOLFO SPRINGS, FL 33890
 City-St-Zip:
 WAUCHULA, FL 33873

Title: VPD () Delete Title: () Change () Addition

 Name:
 DRISKELL, BRENT
 Name:

 Address:
 108 INGLIS WY
 Address:

 City-St-Zip:
 WAUCHULA, FL 33873
 City-St-Zip:

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

 Name:
 DRISKELL, BRENT
 Name:

 Address:
 108 INGLIS WAY
 Address:

 City-St-Zip:
 WAUCHULA, FL 33873
 City-St-Zip:

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: ROBERT JONES PRES 01/10/2007