

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726862

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** FAITH CHURCH OF THE UNITED BRETHREN IN CHRIST, INC.

**Current Principal Place of Business:**

4700 CLYDE MORRIS BLVD.  
PORT ORANGE, FL 321194104

**New Principal Place of Business:**

**Current Mailing Address:**

4700 CLYDE MORRIS BLVD.  
PORT ORANGE, FL 321194104

**New Mailing Address:**

**FEI Number:** 59-6548893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, ERNEST C  
5963 PARK RIDGE DRIVE  
PORT ORANGE, FL 32127 US

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

PYLE, ERNEST C  
5963 PARK RIDGE DRIVE  
PORT ORANGE, FL 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:

04/29/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BOYD, GRACE,  
Address: 3242 LAPALOMA AVE  
City-St-Zip: DAYTONA BCH, FL

Title: D ( ) Delete  
Name: PYLE, ERNEST  
Address: 5963 PARKRIDGE RD  
City-St-Zip: PT ORANGE, FL 00000,

Title: D ( ) Delete  
Name: JOHNS, DIANNE  
Address: 1223 THOMASINA DRIVE  
City-St-Zip: PORT ORANGE, FL 0,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DIANNE L JOHNS

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date