

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729123

FILED  
May 31, 2009  
Secretary of State

**Entity Name:** FIRST CHURCH OF FAITH, INC.

**Current Principal Place of Business:**

1299 NW 27TH AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 668007  
POMPANO BEACH, FL 33066

**New Mailing Address:**

**FEI Number:** 02-4470016      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GOODRUM, EUGENE  
521 NE 42ND ST.  
POMPANO BEACH, FL 33064      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:**

Title: S      ( ) Delete  
Name: GOODRUM, KEISHARA  
Address: 2432 NW 5TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S      ( ) Delete  
Name: GOODRUM, PIERRE  
Address: 4010 NE 5TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: T      ( ) Delete  
Name: ALLENDALE, GOODRUM  
Address: 2432 NW 5TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: T      ( ) Delete  
Name: JONES, BRODRICK A  
Address: 2432 NW 5TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: PT      ( ) Delete  
Name: GOODRUM, EUGENE  
Address: 521 NE 42ND ST.  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VT      ( ) Delete  
Name: GOODRUM, LINZIE L JR.  
Address: 4010 NE 5TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33064

**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:

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 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: LINZIE L. GOODRUM JR.

VT

05/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date