2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 03, 2008 **DOCUMENT# 729531** Secretary of State

Entity Name: FAITH BAPTIST CHURCH, INC. OF VERO BEACH, FLA.

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

VERO BEACH, FL 32966

Current Mailing Address: New Mailing Address:

7966-20 ST VERO BEACH, FL 32966

FEI Number: 59-1948411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILSON, BERTRAND C 299 ALADDIN ST NE PALM BAY, FL 32907 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BURROUGHS, PHYLLIS PORTER, LEO Name: Name: 2055 82ND AVE LOT 468 Address: 4252 SOUTH CYPRESS GREEN LA Address:

City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: VERO BEACH, FL 32967

Title: Title: TREA (X) Change () Addition () Delete BURROUGHS, PHYLLIS Name: HILL, DOLORES Name:

Address: 4252 SOUTH CYPRESS GREEN LA Address: 3329 12TH CT APT E1 City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: VERO BEACH, FL 32960

Title: TREA () Delete Title: **TREA** (X) Change () Addition HILL, DOLORES ALLEN, TERESA Name: Name:

3329 12TH CT APT E1 Address: Address: 1307 HAVERFORD LANE City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: SEBASTIAN, FL 32958

Title: TREA () Delete Title: DIR (X) Change () Addition Name: ALLEN, TERESA Name: WILSON, BERTRAND C SR 1307 HAVERFORD LANE Address: Address: 299 ALADDIN ST NE City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: PALM BAY, FL 32907

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

WILSON, BERTRAND C SR Name: Name: 299 ALADDIN ST NE Address: Address: City-St-Zip: PALM BAY, FL 32907 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: BERTRAND C WILSON, SR. DIR 06/03/2008