2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 737583

Entity Name: FAITH FAMILY WORSHIP CENTER OF PALM CITY, FLORIDA INC.

Current Principal Place of Business:

1200 SUNSET TRAIL
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1200 S.W. SUNSET TRAIL
PALM CITY, FL 34990 US

New Mailing Address:

1200 SUNSET TRAIL
PALM CITY, FL 34990

FEI Number: 59-2243568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, RUSS
1200 SUNSET TRAIL
PALM CITY, FL 33490 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: JONES, RUSS
Address: 1200 SUNSET TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: RAYBURN, TERRY
Address: 1437 E MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33802

Title: D ( ) Delete
Name: POWELL, STEVE
Address: 1437 E MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33802

Title: D ( ) Delete
Name: BETZER, DAN
Address: 1550 COLONIAL BLVD
City-St-Zip: FT MYERS, FL

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:

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: REV. RUSS L. JONES P 01/14/2009

Electronic Signature of Signing Officer or Director — Date