


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 747471</b> 1. Entity Name HOLY FAITH EPISCOPAL CHURCH, INC.					
Principal Place of Business 6990 S. FEDERAL HWY U.S. PT. ST. LUCIE, FL 34952 US			Mailing Address 6990 S. FEDERAL HIGHWAY (U.S. 1) PT. ST. LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6551703</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUTCHINS, JOANNE</b> <b>75 CAMINO DE RIO</b> <b>PORT SAINT LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent Name <u>JoAnne Hutchins</u> Street Address (P.O. Box Number is Not Acceptable) <u>631 SW Byron Street</u> City <u>Port St. Lucie</u> <b>FL</b> Zip Code <u>34983</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>JoAnne Hutchins, Sonia Warden</u> DATE <u>June 7, 2007</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, DORIS <input checked="" type="checkbox"/> Delete 7607 GREENBRIER CIRCLE PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dave Van Valkenburgh 305 Rio Mar Drive Port St. Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSW <input type="checkbox"/> Delete HUTCHENS, JOANNE 631 SW BYRON ST PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JoAnne Hutchins	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>2/2/12</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100104423651 05/15/07--01021--004 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>JoAnne Hutchins</u> DATE <u>June 7, 2007</u> <u>612</u> <small>(Signature and typed or printed name of signing officer or director)</small>					

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FLORIDA



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