

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747471

FILED
Apr 28, 2009
Secretary of State

Entity Name: HOLY FAITH EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

6990 S. FEDERAL HWY U.S.
PT. ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

6990 S. FEDERAL HIGHWAY (U.S. 1)
PT. ST. LUCIE, FL 34952

New Mailing Address:

6990 S. FEDERAL HWY U.S.
PT. ST. LUCIE, FL 34952 US

FEI Number: 59-6551703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, JOANNE
631 SW BYRON STREET
PORT SAINT LUCIE, FL 34983 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: T () Delete
Name: ABRAHAMS, CLARENCE
Address: 2435 LAKERIDGE DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: HUTCHENS, JOANNE
Address: 631 SW BYRON ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HUTCHINS, JOANNE
Address: 631 SW BYRON ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: JO ANNE HUTCHINS

SD

04/28/2009

Electronic Signature of Signing Officer or Director

Date