


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 750489 1. Entity Name FAITH EVANGELISTIC, INC. |  |
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| Principal Place of Business 4074 DIXIANST BOWLING GREEN, FL 33834 US | Mailing Address PO BOX 188 BOWLING GREEN, FL 33834 US |
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01172005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1932920 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MILLER, JAMES W 4074 DIXIANA ST BOWLING GREEN, FL 33834 |
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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

1000000195639
01/26/05-80036-010 70.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, JAMES W 4074 DIXIANA - PO BOX 188 BOWLING GREEN, FL 33834 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MILLER, JUDITH ANN 310 W MAIN ST. BOWLING GREEN, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CARTE, EARLENE HI-WAY 17 SOUTH BOWLING GREEN, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NOEL, WILLIE 101 GROVE ST. BOWLING GREEN, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, JAMES W., JR 1142 1/2 DOC COIL RD BOWLING GREEN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James W Miller Sr / JAMES W MILLER SR* **1-17-05 863 375 4206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #