

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758653

FILED
Apr 23, 2007
Secretary of State

Entity Name: FELLOWSHIP OF FAITH MINISTRY, INC.

Current Principal Place of Business:

2036 36TH STREET
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560484
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-2053772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JSN FINANCIAL SERVICES, INC.
511 ELDRON AVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

ANTOINE, ALTHEA J MS.
2219 SAW PALMETTO LANE
118
ORLANDO, FL 32825 US

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: ALTHEA J. ANTOINE

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: GABRI, DAVE
Address: 9714 GREEN ISLAND COVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: PRES () Delete
Name: TROLLINGER, SARA E
Address: 2573 STONEVIEW DR.
City-St-Zip: ORLANDO, FL 32806

Title: DIR () Delete
Name: DWYER, PHYLLIS
Address: 1935 S. CONWAY RD., #O-2
City-St-Zip: ORLANDO, FL 32812

Title: DIR () Delete
Name: MELLON, WALTER
Address: 6109 MATCHETT RD.
City-St-Zip: ORLANDO, FL 32809

Title: DIR () Delete
Name: CARPENTER, SANDRA
Address: 2573 STONEVIEW ROAD
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DIR () Change (X) Addition
Name: STOKES, MARGARET
Address: 8611 FRENCH OAK DR
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA E. TROLLINGER

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date