

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758653

FILED
Apr 16, 2009
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:

TROLLINGER, SARA E MS.
2036 36TH ST
ORLANDO, FL 32839 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: DIR () Delete
Name: MELOON, WALTER CHAIRMA
Address: 6109 MATCHETT ROAD
City-St-Zip: ORLANDO, FL 32809 US

Title: DIR () Delete
Name: SHOEMAKER, KENT VICE CH
Address: 921 GEORGIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DIR () Delete
Name: SARA, TROLLINGER E PRESIDE
Address: 2573 STONEVIEW ROAD
City-St-Zip: ORLANDO, FL 32806

Title: DIR () Delete
Name: MARTIN, KEN TREASUR
Address: P.O. BOX 1208
City-St-Zip: OAKLAND, FL 34760

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

Title: DIR () Delete
Name: PRICE, STEVE SECRETA
Address: 2036 HOFFNER AVE
City-St-Zip: ORLANDO, FL 32809 US

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: DIR (X) Change () Addition
Name: CARPENTER, SANDRA
Address: 408 COURTTLEA CREEK DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: SARA TROLLINGER

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date