



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 762495 1. Entity Name FAITH CREATION FELLOWSHIP, INC.			
Principal Place of Business PO BOX 585475 ORLANDO, FL 32858-5475		Mailing Address PO BOX 585475 ORLANDO, FL 32858-5475	
DO NOT WRITE IN THIS SPACE			
		01112006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3726640	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COPELAND, THOMAS L 6211 CHINABERRY DR ORLANDO, FL 32808		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000414453 02/11/06-80039-002 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPELAND, THOMAS L 6211 CHINABERRY DR ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, KAREN K 6226 CHRISTIAN WAY ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPELAND, DIAN 6211 CHINABERRY DR ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, REYNOLD D 6226 CHRISTIAN WAY ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Reynold D. Green</u>		REYNOLD D. GREEN 1-30-06 407 2952636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	