


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

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 026 \*\*\*\*70.00

**DOCUMENT # 765025**

1. Entity Name  
**FAITH WORLD, INCORPORATED**



Principal Place of Business  
 1355 RAINVILLE RD  
 TARPON SPRINGS, FL 34689 US

Mailing Address  
 P. O. BOX 125  
 TARPON SPRINGS, FL 34688 US

40000516



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent  
**HALE, RUTHANNE**  
**1810 MARINER DRIVE #206**  
**TARPON SPRINGS, FL 34689**

4. FEI Number  
**59-2215819**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 *Ruthanne Hale* DATE *April 25th 2006*

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, LESLIE S 1310 RIVERVIEW DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hale LESLIE</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2103 Sandpiper PT Court</i> <i>Tarpon Springs FL 34689</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALE, MAUREEN 1310 RIVERVIEW DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>maureen hale</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2103 Sandpiper Point Court</i> <i>Tarpon Springs FL 34689</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALE, RUTHANNE 1810 MARINER DRIVE #206 TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hale - Ruthanne</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2074 n. park alexis dr</i> <i>Tarpon Springs FL 34689</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ruthanne Hale* *Ruthanne Hale* DATE: *April 25th 2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ph: (727) 938-0112