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

Mar 03, 2006 8:00 am **Secretary of State DOCUMENT #765410** 03-03-2006 90096 038 ****70.00 1. Entity Name GROWTH IN FAITH, INC. Principal Place of Business Mailing Address 6475 SHORELINE DR P.O. BOX 8076 SEMINOLE, FL 33775 5406 ST PETERSBERG, FL 33708 2. Principal Place of Business 3. Mailing Address 13478 Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2224752 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Karen Salman THOMAS, PEGGY Street Address (P.O. Box Number is Not Acceptable) 6475 SHORELINE DR 5406 ST PETERSBERG, FL 33708 Zip Code 33774 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 the obligations of registered agent. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MLE ☐ Delete TITLE ☐ Addition CAROLYN REYNOLDS NAME NAME STREET ADDRESS 7335 SAWGRASS PT DR STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-7IP CITY-ST-7IP TITLE Delete me ☐ Change ☐ Addition NAME BURG, BILLIE NAME STREET ADDRESS 9009 BAYWOOD PARK DRIVE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33777 CITY-ST-ZIP Delete **Change** TITLE IIILE ☐ Addition Karen Salman, 13478 Balban Orive PEGGY THOMAS NAME NAME STREET ADDRESS 6475 SHORELINE DR 5406 STREET ADDRESS ST PETERSBERG, FL 33708 CITY-ST-ZIP CITY-ST-7IP Delete ШÆ Change ■ Addition SALMON, KAREN NAME NAME STREET ADDRESS 13478 BALBOA DR STREET ADDRESS FL. 33766 CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attacturent with an address, with all other like empowered. L Karen Salmour, 3/1/06 (727) 596-250

NO OFFICER OR DIRECTOR

Deterre Proce 8 SIGNATURE: