

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM  
Secretary of StateDOCUMENT # 766079 Click on the number to Order Online or Call 1-877-856-41871. Entity Name  
THE INDEPENDENT CHURCH OF GOD OF FAITH, INC.Principal Place of Business  
6840 TROUT RIVER BLVD  
JACKSONVILLE, FL 32219Mailing Address  
6840 TROUT RIVER BLVD  
JACKSONVILLE, FL 32219

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2873261 Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MULLALY, PATRICIA W.  
6840 TROUT RIVER BLVD.  
JACKSONVILLE, FL 32219DO 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25  
Due by May 1, 20049. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesU00000112843  
04/14/04-80039-024 61.25

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MULLALY, RICHARD A  
6840 TROUT RIVER BLVD  
JACKSONVILLE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
SPENCER, JOHN E.  
6840 TROUT RIVER BLVD.  
JACKSONVILLE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
MULLALY, PATRICIA W  
6840 TROUT RIVER BLVD  
JACKSONVILLE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SPENCER, MILDRED  
6840 TROUT RIVER BLVD.  
JACKSONVILLE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PARRIS, REV L. E.  
6840 TROUT RIVER BLVD.  
JACKSONVILLE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MULLALY, JERRY  
6838 TROUT RIVER BLVD  
JACKSONVILLE, FLDO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Patricia W. Mullaly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-04

Date

904-765-1848

Daytime Phone #