

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

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 766077

1. Entity Name

THE INDEPENDENT CHURCH OF GOD OF FAITH, INC.



Principal Place of Business

6840 TROUT RIVER BLVD
JACKSONVILLE, FL 32219

Mailing Address

6840 TROUT RIVER BLVD
JACKSONVILLE, FL 32219



04222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2873261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MULLALY, RICHARD A
STREET ADDRESS	6840 TROUT RIVER BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SVT
NAME	MULLALY, PATRICIA W
STREET ADDRESS	6840 TROUT RIVER BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	TD
NAME	MEEKS, APRIL C
STREET ADDRESS	4233 HONEYSUCKLE LANE
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	T
NAME	MULLALY, JERRY
STREET ADDRESS	6838 TROUT RIVER BLVD
CITY-ST-ZIP	JACKSONVILLE, FL

U000000549001
05/13/06-80004-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

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

April 26, 2006
Date

904-765-1898
Daytime Phone #