

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 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**



04212007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000728570
05/08/07-80003-006 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia W. Mullaly **Patricia W. Mullaly** *April 23-2007* **904-765-1848**