

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90216 003 \*\*\*\*70.00

**DOCUMENT # 770410**

1. Entity Name

FAITH FELLOWSHIP CHURCH, INC.



Principal Place of Business

915 W DESOTO  
P.O. BOX 121004  
CLERMONT FL 34712-8004

Mailing Address

915 W DESOTO  
P.O. BOX 121004  
CLERMONT FL 34712-1004  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2326261

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DELORIS A  
1406 EAST 9TH AVE  
MOUNT DORA FL 32757

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 PD  
NAME WALKER, OMAR ☐ Delete  
STREET ADDRESS 210 A RIDGECREST LOOP  
CITY-ST-ZIP MINNEOLA FL 34711

TITLE PD ☒ Change ☐ Addition  
NAME walter Omar  
STREET ADDRESS 968 Forest Hill Rd  
CITY-ST-ZIP Minneola, FL 34715

TITLE VD ☐ Delete  
NAME WALKER, BRENDA  
STREET ADDRESS 210 A RIDGECREST LOOP  
CITY-ST-ZIP MINNEOLA FL 34711

TITLE VD ☒ Change ☐ Addition  
NAME walter Brenda  
STREET ADDRESS 968 Forest Hill Rd  
CITY-ST-ZIP Minneola, FL 34715

TITLE TD ☐ Delete  
NAME SMITH, PHILLIP  
STREET ADDRESS 1406 EAST 9TH AVE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SMITH, DELORIS  
STREET ADDRESS 1406 EAST 9TH AVE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*DeLoris Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/05  
Date

352-385-1762  
Daytime Phone #