

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 045 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SMITH, DELORIS A
1 ANITA CT
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name *Connie Moton*

Street Address (P.O. Box Number is Not Acceptable)

234-B Ridgecrest Loop

City *Minneola*

FL

Zip Code

34715

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

Connie B. Moton

Connie B. Moton

4/15/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD
NAME WALKER, BRENDA ☐ Delete
STREET ADDRESS 968 FOREST HILL DR
CITY-ST-ZIP MINNEOLA FL 34715

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD ☒ Change ☐ Addition
NAME *Richard Ortega*
STREET ADDRESS *811 Scenic View Circle*
CITY-ST-ZIP *Minneola, FL 34715*

TITLE SD ☒ Change ☐ Addition
NAME *Connie B. Moton*
STREET ADDRESS *234-B Ridgecrest Loop*
CITY-ST-ZIP *Minneola, FL 34715*

TITLE VP ☐ Change ☒ Addition
NAME *Clerra Ortega*
STREET ADDRESS *811 Scenic View Circle*
CITY-ST-ZIP *Minneola, FL 34715*

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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:

Brenda H. Walker *Brenda H. Walker*

4/15/08

351

321-0959