

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770410

FILED
Apr 21, 2009
Secretary of State

Entity Name: FAITH FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

915 W DESOTO
P.O. BOX 121004
CLERMONT, FL 347128004

New Principal Place of Business:

915 W DESOTO
CLERMONT, FL 34711

Current Mailing Address:

915 W DESOTO
P.O. BOX 121004
CLERMONT, FL 347121004 US

New Mailing Address:

P.O. BOX 121004
CLERMONT, FL 347121004 US

FEI Number: 59-2326261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTON, CONNIE
234-B RIDGECREST LOOP
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

MOTON, CONNIE B
234-B RIDGECREST LOOP
MINNEOLA, FL 34715 US

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.

SIGNATURE: CONNIE MOTON

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, BRENDA
Address: 968 FOREST HILL DR
City-St-Zip: MINNEOLA, FL 34715

Title: TD () Delete
Name: ORTEGA, RICHARD
Address: 811 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: SD () Delete
Name: MOTON, CONNIE B
Address: 234 B RIDGECREST LOOP
City-St-Zip: MINNEOLA, FL 34715

Title: VP () Delete
Name: ORTEGA, CIERRA
Address: 811 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA WALKER

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date