

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003236

Entity Name: FORCE OF FAITH MINISTRIES, INC.

FILED
Jun 14, 2004
Secretary of State

Current Principal Place of Business:

919 LOGANDERRY LANE #103
PLANT CITY, FL 33566

New Principal Place of Business:

4737 BLOOM DRIVE
PLANT CITY, FL 33566

Current Mailing Address:

919 LOGANDERRY LANE #103
PLANT CITY, FL 33566

New Mailing Address:

4737 BLOOM DRIVE
PLANT CITY, FL 33566

FEI Number: 16-1501215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, REIS
919 LOGANDERRY LANE #103
PLANT CITY, FL 33566

Name and Address of New Registered Agent:

JAMES, REIS
4737 BLOOM DRIVE
PLANT CITY, FL 33566

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: REIS JAMES

06/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: JAMES, REIS
Address: 2876 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33567

Title: STVC () Delete
Name: JAMES, JO-ANN
Address: 2876 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: GIANO, RICH
Address: 775 MAIN STREET WEST
City-St-Zip: SENECA, NY 14224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: JAMES, REIS
Address: 4737 BLOOM DR
City-St-Zip: PLANT CITY, FL 33567

Title: STVC (X) Change () Addition
Name: JAMES, JO-ANN
Address: 4737 BLOOM DRIVE
City-St-Zip: PLANT CITY, FL 33567

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JO-ANN JAMES

STVC

06/14/2004

Electronic Signature of Signing Officer or Director

Date