

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003236

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** FORCE OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

4737 BLOOM DRIVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

4737 BLOOM DRIVE  
PLANT CITY, FL 33566

**New Mailing Address:**

**FEI Number:** 16-1501215      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JAMES, REIS  
4737 BLOOM DRIVE  
PLANT CITY, FL 33566      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: STVC      ( ) Delete  
Name: JAMES, JO-ANN  
Address: 4737 BLOOM DRIVE  
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:      ( ) 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: REIS JAMES

PRES

07/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date