


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002585 1. Entity Name FOUNDATION FOR ASSISTING CHURCH INSTITUTIONS OVERSEAS, INC. (FACIO)	
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Principal Place of Business 246 HOLLY RD VERO BEACH, FL 32963	Mailing Address 246 HOLLY RD VERO BEACH, FL 32963
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3314677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLMES, EDWARD A 246 HOLLY RD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOLMES, EDWARD A 246 HOLLY RD VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLMES, SHIRLEY M 246 HOLLY RD VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, EMMETT 408 COURTLAND DR. ELON COLLEGE, NC 27244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JANE 260 WOODVIEW DR. ATLANTA, GA 30030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, DAVID C 307 HOLLY ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, GRAHAM M 844 DIVISION STREET PLEASANTON, CA 94566

<p>1000000183829 01/20/05-80006-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward A. Holmes
Date: 12-1-05 Daytime Phone #: 772-231-9644