

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G59520**

1. Entity Name  
**GOOD FAITH UNITED MISSION, INC.**



Principal Place of Business  
**829 FERGUSON DRIVE  
P.O. BOX 5685  
ORLANDO, FL 32808-5685**

Mailing Address  
**829 FERGUSON DRIVE  
P.O. BOX 5685  
ORLANDO, FL 32808-5685**

**DO NOT WRITE IN THIS SPACE**



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2323625**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WIGGINS, R W  
829 FERGUSON DR.  
ORLANDO, FL 32808**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, R W 829 FERGUSON DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WIGGINS, BEULAH 829 FERGUSON DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AXON, YOLANDA 829 FERGUSON DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, ALLEN T.D. 829 FERGUSON DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/07-80011-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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

**3/26/07**

Date

Daytime Phone #