2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State
07-21-2008 90026 028 ***150.00

DOCUMENT # G59520

1. Entity Name
GOOD FAITH UNITED MISSION, INC.

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

40111474

06232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3492 Basie Place	3492 Basie Place
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: US	Zip: 32805 Country: US

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	7. Name and Address of New Registered Agent
WIGGINS, R W 829 FERGUSON DR. ORLANDO, FL 32808	Name: Beulah H. Wiggins Street Address (P.O. Box Number is Not Acceptable): 3492 Basie Place City: Orlando FL Zip Code: 32805

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: Beulah Wiggins 7/15/08
Signature (typed or printed name of registered agent and title if applicable) (If a Registered Agent, signature required when resigning) Date

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: WIGGINS, R W STREET ADDRESS: 829 FERGUSON DR. CITY-ST-ZIP: ORLANDO, FL	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Add
TITLE: VDT NAME: WIGGINS, BEULAH STREET ADDRESS: 829 FERGUSON DR. CITY-ST-ZIP: ORLANDO, FL	☐ Delete	TITLE: P, T NAME: B. Wiggins, Beulah STREET ADDRESS: 3492 Basie Place CITY-ST-ZIP: Orlando, FL 32805	☒ Change ☐ Add
TITLE: S NAME: AXON, YOLANDA STREET ADDRESS: 829 FERGUSON DR CITY-ST-ZIP: ORLANDO, FL 32808	☐ Delete	TITLE: S NAME: Axon, Yolanda STREET ADDRESS: 3492 Basie Place CITY-ST-ZIP: Orlando, FL 32805	☒ Change ☐ Add
TITLE: D NAME: WIGGINS, ALLEN T.D. STREET ADDRESS: 829 FERGUSON DR. CITY-ST-ZIP: ORLANDO, FL	☐ Delete	TITLE: D NAME: Wiggins Allen T.D. STREET ADDRESS: 3492 Basie Place CITY-ST-ZIP: Orlando, FL 32805	☒ Change ☐ Add
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Add
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Add

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beulah Wiggins 7/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date