

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47514

FILED
May 21, 2009
Secretary of State

Entity Name: FAITH VENTURES INVESTMENT CORPORATION

Current Principal Place of Business:

61 OCEANSIDE DR.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O BOX 861173
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 65-0093820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, BRIAN J.
176 BILBAO DR.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

PAPPAS, BRIAN J.
63 OCEANSIDE DRIVE
PALM COAST, FL 32137 US

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:

05/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAPPAS, BRIAN J
Address: 176 BILBOA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD () Delete
Name: PAPPAS, SHARON A
Address: 176 BILBOA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: FREDRICK, KIMBERLY
Address: 61 OCEANSIDE DR.
City-St-Zip: PALM COURT, FL 32137

Title: D () Delete
Name: MILLER, CHRISTINE
Address: 61 OCEANSIDE DR.
City-St-Zip: PALM COURT, FL 32137

Title: D () Delete
Name: PAPPAS, JOANNA
Address: 61 OCEANSIDE DR.
City-St-Zip: PALM COURT, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAPPAS, BRIAN J
Address: 63 OCEANSIDE DRIVE
City-St-Zip: PALM COAST, FL 32137

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J. PAPPAS

D

05/21/2009

Electronic Signature of Signing Officer or Director

Date