

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 014 \*\*\*\*61.25

<b>DOCUMENT # N00000001016</b> 1. Entity Name FIRE BAPTIZE HOLINESS CHURCH OF GOD BY FAITH, INC.																																																																																
Principal Place of Business 2087 FOUNTAIN STREET FORT MYERS, FL 33916		Mailing Address 867 NUNA AVE. FT. MYERS, FL 33905																																																																														
2. Principal Place of Business - No P.O. Box # <i>2087 Fountain Street</i>		3. Mailing Address <i>867 Nuna Ave.</i>																																																																														
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																														
City & State <i>Fort Myers, Fla.</i>		City & State <i>Fort Myers, Fla.</i>																																																																														
Zip <i>33916</i>		Zip <i>33905</i>																																																																														
Country <i>Lee</i>		Country <i>Lee</i>																																																																														
4. FEI Number 52-2233711		Applied For <input type="checkbox"/> Not Applicable																																																																														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																														
6. Name and Address of Current Registered Agent  TERRELL, RAYMOND J REV. 867 NUNA AVE. FT. MYERS, FL 33905		7. Name and Address of New Registered Agent Name <i>Terrell, Clara B.</i> Street Address (P.O. Box Number is Not Acceptable) <i>867 Nuna Ave.</i> City <i>Fort Myers</i> FL Zip Code <i>33905</i>																																																																														
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 <i>Clara B. Terrell, President, CLARA B. TERRELL</i> 4-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																														
<b>Make check payable to Florida Department of State</b>																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>PD</td> <td>TERRELL, RAYMOND J</td> <td>867 NUNA AVE. FT. MYERS, FL 33905</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>TD</td> <td>JACKSON, GENORA D</td> <td>9 KINGSTON CIRCLE FORT MYERS, FL 33905</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>SD</td> <td>TERRELL, CLARA B</td> <td>867 NUNA AVE. FT. MYERS, FL 33905</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>President</td> <td>Terrell, Clara B.</td> <td>867 Nuna Ave. Ft. Myers, FL 33905</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Secretary</td> <td>Jackson, Edward M.</td> <td>867 Nuna Ave. Ft. Myers, Fla. 33905</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		PD	TERRELL, RAYMOND J	867 NUNA AVE. FT. MYERS, FL 33905	<input checked="" type="checkbox"/>		TD	JACKSON, GENORA D	9 KINGSTON CIRCLE FORT MYERS, FL 33905	<input type="checkbox"/>		SD	TERRELL, CLARA B	867 NUNA AVE. FT. MYERS, FL 33905	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		President	Terrell, Clara B.	867 Nuna Ave. Ft. Myers, FL 33905	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		Secretary	Jackson, Edward M.	867 Nuna Ave. Ft. Myers, Fla. 33905	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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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 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: <i>Clara B. Terrell, CLARA B. TERRELL</i> 4-12-08 239-693-8650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																

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