2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001271

1. Entity Name
ST. CHRISTOPHER'S FAITH COMMUNITY, INC.

Principal Place of Business	Mailing Address
743 PLANTATION DRIVE TITUSVILLE, FL 32780	743 PLANTATION DRIVE TITUSVILLE, FL 32780

02252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692682
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, REV MICHAEL J
743 PLANTATION DRIVE
TITUSVILLE, FL 32780

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SEAMAN, GRANT R
STREET ADDRESS	789 PLANTATION DR.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	IERADI, LILLIAN
STREET ADDRESS	525 FARWAYS
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	IERADI, FRANK
STREET ADDRESS	525 FAIRWAYS
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	GALLAGHER, REV MICHAEL J
STREET ADDRESS	743 PLANTATION DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000451781
04/10/06-80006-022 61.25

DO NOT WRITE 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 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: Grant R. Seaman (GRANT R. SEAMAN) 2-25-06 321-268-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS. Date Daytime Phone #