

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002127

FILED  
Sep 15, 2006  
Secretary of State

Entity Name: FAITHWORKS, INC.

## Current Principal Place of Business:

5 N BESTPOINT  
INVERNESS, FL 34450

## New Principal Place of Business:

## Current Mailing Address:

5 N BESTPOINT  
INVERNESS, FL 34450

## New Mailing Address:

FEI Number: 65-0992673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LUNDELIUS, WALTER D SR.  
5 N BEST POINT  
INVERNESS, FL 34450      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: LUNDELIUS, WALTER D SR.  
Address: 5 N BEST POINT  
City-St-Zip: INVERNESS, FL 34450

Title: PD ( ) Delete  
Name: SLAVIN, MICHAEL E  
Address: % ELAINE STORY, 10733 BRANT ST.  
City-St-Zip: JONESBORO, GA 30238

Title: VD ( ) Delete  
Name: SLAVIN, LYNN B  
Address: % ELAINE STORY, 10733 BRANT ST.  
City-St-Zip: JONESBORO, GA 30238

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: SLAVIN, MICHAEL E  
Address: % JEFF HANSON  
City-St-Zip: TUSTIN, CA 92782

Title: VD (X) Change ( ) Addition  
Name: SLAVIN, LYNN B  
Address: % JEFF HANSON  
City-St-Zip: TUSTIN, CA 92782

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. SLAVIN

PD

09/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date