2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/16/2004-90027-050-$61.25-$61.25 *
4/19/10/2004-90002-001-$61.25-$61.25 *
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT -6 PM 4:11

DOCUMENT # N00000002503

1. Entity Name

FAITH GENERATION MINISTRIES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 812368 BOCA RATON FL 33481-2368	POST OFFICE BOX 812368 BOCA RATON FL 33481-2368

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
P. O. Box 99521 Suite, Apt. #, etc.	P. O. Box 99521 Suite, Apt. #, etc.
City & State: Raleigh, NC. Zip: 27624 Country: USA	City & State: Raleigh, NC Zip: 27624 Country: USA

4. FEI Number: 06-1515043 ☐ 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
THOMAS, CHUCK 9F SOUTHPORT LANE BOYNTON BEACH FL 33436	Name: Chris Reynolds Street Address (P.O. Box Number is Not Acceptable): 2403 NW 49th lane City: Boca Raton FL Zip Code: 33431

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: [signature] 9/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS, CHARLES PASTOR 9F SOUTHPORT LANE BOYNTON BEACH FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2320 ST. Pauls Sq. Raleigh, NC 27614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODY, JAMES 1730 SOUTH FEDERAL HWY DELRAY BEACH FL 33483 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joyce C. Thomas 2320 ST. Pauls Sq. Raleigh, NC 27614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMON, BONNIE A JR 2382 NW 36TH AVE COCONUT CREEK FL 33066 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chris ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYKERWICK, BETTY 1095 CIRCLE TERR WEST APT B DELRAY BEACH FL 334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, ALFRED NW 6TH AVE POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERRER, YVONNE R.S. DR 5333 N DIXIE HWY STE 110-111 FORT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 9/13/04 919-789-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Chris Reynolds
2403 NW 49th lane
Boca Raton, FL 33431

10/1/04