2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# N00000004104

Entity Name: FAITH INITIATIVES COMMUNITY DEVELOPMENT CORPORATION OF OCALA, FLORIDA

Current Principal Place of Business:

2251 NW 2ND STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2251 NW 2ND STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3659838 **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:

DAVIS, JUANITA G
2251 NW 2ND STREET
OCALA, FL 34475 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: D ( ) Delete
Name: BROOKS, TOMMY L SR
Address: 2140 NW 21ST STREET
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete
Name: DAVIS, JUANITA G
Address: 3501 SW 25TH STREET
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: FAISON, LEROY
Address: 2319 SW 5TH PLACE
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: GARNER, HAROLD
Address: 4972 NW 82ND COURT
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: RICHARDSON, DEBRA
Address: 720 NE 26TH STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMMY L. BROOKS, SR. D 05/18/2005

Electronic Signature of Signing Officer or Director — Date