

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90007 012 ****70.00

DOCUMENT # N00000004682 1. Entity Name FAITH GRACE MINISTRIES, INC.					
Principal Place of Business 4425 PALM BEACH BLVD FORT MYERS, FL 33905			Mailing Address 4425 PALM BEACH BLVD FORT MYERS, FL 33905		
2. Principal Place of Business 2060 COWLEY AV.		3. Mailing Address PO BOX 50400			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33901		Country USA		Zip 	
Country 		Country 			
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREEN, LUKE A 4425 PALM BEACH BLVD FORT MYERS, FL 33905			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 330 VAN BUREN STREET City FL 33916		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, LUKE A <input checked="" type="checkbox"/> Delete 1632 HEITMAN AVE FORT MYERS, FL 33905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, LESLIE <input type="checkbox"/> Delete 830 CHAMPION AVENUE LEHIGH ACRES, FL 33971				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZHUGH, VAN DELLA <input type="checkbox"/> Delete 4573 VARSITY CIRCLE LEHIGH ACRES, FL 33971				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, LUKE A <input checked="" type="checkbox"/> Delete 1632 HEIMAN AVENUE FORT MYERS, FL 33905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JESSIE <input type="checkbox"/> Delete 4982 GARY DRIVE FORT MYERS, FL 339085				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, JOSEPH <input checked="" type="checkbox"/> Delete 4208 5TH STREET WEST LEHIGH ACRES, FL 33971				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, WILLIE TROY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 226 IVAN AVE S. LEHIGH ACRES, FL 33971				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYWOOD, BRANDY S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2313 DUPREE STREET FORT MYERS, FL 33916				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, THOMAS D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3420 DORA STREET FORT MYERS, FL 33916				
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: <u>Van Della Fitzhugh</u> VAN DELLA FITZHUGH 1-5-05 239-225 5919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50002569



01052005 Chg-NP CR2E037 (10/03)