


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT# N00000004715	
1. Entity Name QCF MINISTRIES, INC.	

Principal Place of Business 3272 NIGHT BREEZE LN LAKE MARY, FL 32746	Mailing Address 3272 NIGHT BREEZE LN LAKE MARY, FL 32746
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAISON, QUINTIN C 3272 NIGHT BREEZE LN LAKE MARY, FL 32746

**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAISON, QUINTIN C 3272 NIGHT BREEZE LN LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAISON, JONI C 3272 NIGHT BREEZE LN LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LEONARD J 1612 W. 8TH STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, TIMOTHY 2809 GROVE DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, JANET B 1772 N. MERRICK DRIVE DELTONA, FL 32728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Quintin Faison 4/29/05 407-320-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #