

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004715

FILED  
Mar 03, 2010  
Secretary of State

Entity Name: QCF MINISTRIES, INC.

**Current Principal Place of Business:**

3272 NIGHT BREEZE LN  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

3272 NIGHT BREEZE LN  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3656888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAISON, QUINTIN C  
3272 NIGHT BREEZE LN  
LAKE MARY, FL 32746 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: PD  
Name: FAISON, QUINTIN C  
Address: 3272 NIGHT BREEZE LN  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: FAISON, JONI C  
Address: 3272 NIGHT BREEZE LN  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: WILSON, LEONARD J  
Address: 1612 W. 8TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: HUDSON, TIMOTHY  
Address: 2809 GROVE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: TUCKER, JANET B  
Address: 1772 N. MERRICK DRIVE  
City-St-Zip: DELTONA, FL 32728

I hereby 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 all other like empowered.

SIGNATURE: QUINTIN FAISON

P

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date