2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# N00000005316

Entity Name: FAITH'S REALM MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:

5486 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5486 NORMANDY BLVD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3693905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ALVIN R
229 CHEROKEE ST.
JACKSONVILLE, FL 32254 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: WILLIAMS, ALVIN R APOSTLE
Address: 5486 NORMANDY BLVD.
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: BRYANT, MARGUERITE
Address: 229 CHEROKEE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: HILL, PAMELA
Address: 1236 STATE ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: BROWN, JANICE
Address: 3322 DIVISION ST
City-St-Zip: JACKSONVILLE, FL 32209

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALVIN R. WILLIAMS D 04/06/2007

Electronic Signature of Signing Officer or Director — Date