

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005406

FILED
Feb 28, 2007
Secretary of State

Entity Name: BY FAITH EXPERIENCE MINISTRIES CORPORATION

Current Principal Place of Business:

3217 PLATEAU ST
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

3217 PLATEAU ST
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3666438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SETZLER, MARY
3838 NOTTER AVENUE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

SNEAD, CARLENE
1857 E. 23RD STREET
JACKSONVILLE, FL 32206 US

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: PAULA EVERETT FOR CARLENE SNEAD

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MC GRIFF, CHARLES L
Address: 3217 PLATEAU ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: SD () Delete
Name: EVERETT, PAULA
Address: 1107 TURTLE CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TD () Delete
Name: COLEMAN, LEROY
Address: 3313 PHILLIS ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete
Name: COLEMAN, DORETHA
Address: 3313 PHYLLIS STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: ANDERSON, ARPHINE
Address: 2135 BARRY DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D () Delete
Name: SNEAD, ANDREW
Address: 1857 E. 23RD STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

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
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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: PAULA R. EVERETT

SD

02/28/2007

Electronic Signature of Signing Officer or Director

Date