2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N00000005406

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:

SNEAD, CARLENE
1857 E. 23RD STREET
JACKSONVILLE, FL 32206 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 ( ) 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
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 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 EVERETT SD 01/30/2009

Electronic Signature of Signing Officer or Director — Date