2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COLEMAN, DORETHA
3313 PHYLLIS STREET
JACKSONVILLE, FL 32205 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: DORETHA COLEMAN 05/05/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: MCGRIFF, LORRAINE
Address: 3217 PLATEAU STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: D
Name: WILLIAMS, SAMUEL
Address: 5639 GREATPINE LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32244 US

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: CHARLES L. MCGRIFF PD 05/05/2010
Electronic Signature of Signing Officer or Director Date