2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005406

Apr 18, 2012 Secretary of State

Entity Name: BY FAITH EXPERIENCE MINISTRIES CORPORATION

Current Principal Place of Business: New Principal Place of Business:

3217 PLATEAU ST

JACKSONVILLE, FL 32206 US

Current Mailing Address: New Mailing Address:

3217 PLATEAU ST 3217 PLATEAU ST

JACKSONVILLE, FL 32206 US JACKSONVILLE, FL 32206

FEI Number: 59-3666438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MC GRIFF, CHARLES L Name: Address: 3217 PLATEAU ST.

City-St-Zip: JACKSONVILLE, FL 32206 US

Title: SD

Name: MCGRIFF, REBECCA Address: 3217 PLATEAU ST

City-St-Zip: JACKSONVILLE, FL 32206 US

Title:

COLEMAN, LEROY Name: Address: 3313 PHILLIS ST.

City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VD

Name: COLEMAN, DORETHA Address: 3313 PHYLLIS STREET JACKSONVILLE, FL 32205 US

City-St-Zip:

Title:

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

Title:

WILLIAMS, SAMUEL Name: Address: 3532 HYACINTH ST

JACKSONVILLE, FL 32209 US City-St-Zip:

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 04/18/2012