

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001204

FILED
Feb 26, 2009
Secretary of State

Entity Name: GOOD FAITH ALLIANCE, INC.

Current Principal Place of Business:

13000 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13000 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1076087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYERLA, V. CALVIN
13000 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470 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: YOUNG, DENNIS
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: RIVERA, ABBY
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: HATFIELD, BETSY
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: RIVERA, VICTOR
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PRES (X) Delete
Name: LYERLA, V. CALVIN
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: LYERLA, V. CALVIN
Address: 13000 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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: V. CALVIN LYERLA

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date