

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003016

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** GROWING IN FAITH MINISTRIES INC.

**Current Principal Place of Business:**

1029 NE 9 ST  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

1029 NE 9 ST  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 01-0632856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

THOMAS, BENNY K  
1029 NE 9 ST  
GAINESVILLE, FL 32601 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: PARKER, LOUIS  
Address: 1029 NE 9 ST  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D ( ) Delete  
Name: PARKER, MIRIAN  
Address: 1029 NE 9 ST  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VS ( ) Delete  
Name: THOMAS, ANGELA  
Address: 8714 NE WALDO RD  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D ( ) Delete  
Name: THOMAS, BENNY  
Address: 1029 NE 9 ST  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D ( ) Delete  
Name: FAYSON, RALPH  
Address: 119 E OAKSIDE DR  
City-St-Zip: INTERLACHEN, FL 32148 US

Title: T ( ) Delete  
Name: PARKER, SHIRLEY  
Address: 1030 NE 8TH AVE  
City-St-Zip: GAINESVILLE, FL 32601 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: BENNY THOMAS

D

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date