2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N01000003911

Entity Name: POWER OF FAITH CHRISTIAN FELLOWSHIP INC

Current Principal Place of Business:

10265 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10265 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3724243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ANDREA M
10357 SUGAR GROVE RD
JACKSONVILLE, FL 32221 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: CURTIS, LENONA
Address: 8465 BRAZIL RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: CURTIS, LOUIE
Address: 8465 BRAZIL RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: BROWN, PHYLLIS
Address: 308 BELFORT ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: JACKSON, TERRANCE
Address: 5501 N UNIVERSITY CLUB BLVD, APT 24
City-St-Zip: JACKSONVILLE, FL 32277

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREA M. BROWN PRES 04/26/2004

Electronic Signature of Signing Officer or Director — Date