



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000004366</b> 1. Entity Name <b>FAITH, SPIRIT, AND TRUTH, WITH DIVINE POWER, INC.</b>						<b>FILED</b>  05 MAR 25 AM 10:40  SECRETARY OF STATE TALLAHASSEE, FLORIDA  			
Principal Place of Business <b>905 E MARTIN LUTHER KING BLVD BARTOW, FL 33830</b>				Mailing Address <b>1415 E BAY ST BARTOW, FL 33830</b>					
2. Principal Place of Business <i>905 E. Martin Luther King Jr. Blvd.</i>		3. Mailing Address <i>1415 E. Bay St.</i>		03252005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>01-0570629</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <i>Bartow, FL</i>		City & State <i>Bartow, FL</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>JOHNSON, MATTIE C 1415 E BAY ST BARTOW, FL 33830</b>		7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
Zip <i>33830</i>		Country <i>US</i>		Zip <i>33830</i>		Country <i>US</i>		8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Mattie Carter Johnson</i> DATE <i>3/25/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCO JOHNSON, MATTIE C 1415 E BAY ST BARTOW, FL 33830 <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D/C/M/P Johnson, Mattie C. 1415 E. Bay St. Bartow, FL 33830</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST IGLESIAS, YVETTE 1048 TEE CIR. WEST BARTOW, FL 33830 <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HORACE, DREYDENE 113 BEACH DR. NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>900049930039</b> <b>04/05/05--01092--010 **70.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WILLIAMS, WILLIE F 409 6TH ST W LAKELAND, FL 33805 <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>V Williams, Tangella 1147 Enterprise St. Lakeland, FL 33810</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Mattie Carter Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						3/25/05 863-533-3583 <small>Date Daytime Phone #</small>			