2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000004366

Entity Name: FAITH, SPIRIT, AND TRUTH, WITH DIVINE POWER, INC.

Current Principal Place of Business:

905 E MARTIN LUTHER KING BLVD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1415 E BAY ST
BARTOW, FL 33830

New Mailing Address:

FEI Number: 01-0570629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MATTIE C
1415 E BAY ST
BARTOW, FL 33830 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: DCMP ( ) Delete
Name: JOHNSON, MATTIE C
Address: 1415 E BAY ST
City-St-Zip: BARTOW, FL 33830

Title: ST ( ) Delete
Name: IGLESIAS, YVETTE
Address: 1045 TEE CIR. WEST
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete
Name: HORACE, DREYDENE
Address: 113 BEACH DR. NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: WILLIAMS, WILLIE F
Address: 409 6TH ST W
City-St-Zip: LAKELAND, FL 33805

Title: V ( ) Delete
Name: WILLIAMS, TANGELLA
Address: 11617 ENTERPRISE ST
City-St-Zip: LAKELAND, FL 33810

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:

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: MATTIE C JOHNSON DCMP 04/30/2008
Electronic Signature of Signing Officer or Director — Date