


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 025 ****61.25

DOCUMENT # N01000005792		
1. Entity Name FAITH IN HIS NAME MINISTRIES, INC.		

Principal Place of Business P.O. BOX 60906 JACKSONVILLE, FL 32236	Mailing Address P.O. BOX 60906 JACKSONVILLE, FL 32236
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50064176

2. Principal Place of Business <i>5028 Plymouth St</i>		3. Mailing Address <i>PO BOX 60906</i>	
Suite, Apt. #, etc. <i>#3</i>		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL 32</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32205</i>	Country <i>Dural</i>	Zip <i>32236</i>	Country <i>Dural</i>



08092005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3737530	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OLIVER, DAVID 7410 SHARBETH DRIVE SOUTH JACKSONVILLE, FL 32210	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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>David F Oliver</i>	DATE <i>8/23/05</i>

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OLIVER, DAVID 7410 SHARBETH DRIVE SOUTH JACKSONVILLE, FL 32210 <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	P WATSON, LOUISE 7579 NORTH JANA LANE JACKSONVILLE, FL 32210 <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	VP EPFS, MARY 7760-PICKET-STREET JACKSONVILLE, FL 32208 <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	S HALL, SABRINA 7886 STEAMBOAT SPRING COURT JACKSONVILLE, FL 32210 <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	C GOODEN, FRED 1179 EAST 15 STREET JACKSONVILLE, FL 32206 <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	AS MC QUEEN, ANDRE 8985 NORMANDY BLVD, #83 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>David F Oliver</i>	DATE: <i>8/23/05</i> (904) 573-0148

ATTACHMENT
TRANSMITTAL LETTER

50064176
101000005792

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Faith IN His Name Ministries, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of Reinstatement/Reincorporation and a check for :

FEES:

Filing Fee	\$35.00
Registered Agent	\$35.00
Annual Reports for 1993 through present year	\$61.25 per calendar year.

OPTIONAL:

Certified Copy \$8.75 (plus \$1 per page over 8, not to exceed a maximum of \$52.50)
Certificate of Status \$8.75

FROM:

Pastor David F. Oliver
Name (Printed or typed)
7410 Shaker Dr S
Address
JACKSONVILLE, FL 32210
City, State & Zip
(904) 573-0148
Daytime Telephone number

ATTACHMENT 520104126
NO/000005792
**APPLICATION FOR REINSTATEMENT AND REINCORPORATION OF
LEGISLATIVELY OR JUDICIALLY CHARTERED NOT FOR PROFIT
CORPORATION**

IN COMPLIANCE WITH s. 617.1623(1)(d), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REINSTATE AND REINCORPORATE A NOT FOR PROFIT LEGISLATIVELY OR JUDICIALLY CHARTERED CORPORATION WHICH WAS DISSOLVED ON JULY 2, 1992, PURSUANT TO s. 617.1623(1)(c):

1. Faith In His Name Ministries, INC.
Name of corporation exactly as it appears in legislative or judicial charter.
2. 5028 Plymouth St (PO Box 60906 Jax, FL. 32236)
Street address of the principal office of the corporation.
(This address will be used for the mailing of corporation annual reports)
3. 11/05/2002
Date of legislative or judicial incorporation
4. FEI Number 59-377530 ☒ FEI Number applied for
☐ FEI Number not required
5. Name, address and title of current officers and/or directors:
(use additional page if necessary)

Title	Name	Street Address	City/State/Zip
Pastor	David Oliver	7410 Shankelf Dr S	Jax FL 32210
President	Louise Watson	7579 N Jaxa Lane	" " 32210
Sec	Sabrina Hall	7886 Steamboat Spring Ct	" " 32210
Chaplain	Fred Gooden	1179 E 15th Street	Jax FL 32206
Asst Sec	Andre McQueen	8985 Normanby Blvd	Jax FL 32210

6. Attached is a copy of the judicial charter and all amendments thereto certified by the Circuit Court of the county wherein recorded or a copy of the chartering law certified by the Department of State, Division of Elections as to legislative charters and completed Certificate of Reincorporation.

David Oliver
Authorized Signature

David Floyd Oliver - Pastor
Name and capacity of person signing application
(see S. 617.10201(6))

ATTACHMENT

CERTIFICATE OF REINCORPORATION

57064126
#101000005792

Pursuant to s. 617.0901, Florida Statutes, this certificate of reincorporation was duly authorized by a meeting of its members regularly called or by a meeting of its board of directors if there were no members entitled to vote on the reincorporation:

ARTICLE I NAME

The name of the corporation shall be:

Faith In His Name Ministries, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:

PO BOX 60806
5028 Plymouth St
Jax. FL 32205

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized:

Church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

VOTE IN

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

5028 Plymouth Street # 243
Jax. FL 32205

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

David F Oliver
7410 Shabeta Dr S
Jax. FL 32210

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

David F Oliver - Pastor
Signature/Registered Agent

7/27/05
Date

David F Oliver - Pastor
Signature/Incorporator

7/27/05
Date