

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000007670

1. Entity Name

COME BY FAITH MINISTRIES, INC.



FILED
Jun 23, 2008 08:00 AM
Secretary of State

Principal Place of Business

221 WEST TATE STREET
BROWNFIELD TX 79316

Mailing Address

221 WEST TATE STREET
BROWNFIELD.TX 79316



2. Principal Place of Business - No P.O. Box #

221 West Tate St.

Suite, Apt. #, etc.

3. Mailing Address

221 West Tate St

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/08)

City & State

Brownfield TX

City & State

Brownfield TX

4. FEI Number

22-3837819

Applied For

Not Applicable

Zip

79316

Country

Terry

Zip

79316

Country

Terry

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORKS, ROSA
11830 SW 222 STREET
GOULDS FL 33170

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 entry 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000953339
06/23/08-80001-035 61.25

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KINSEY, DANIEL	
STREET ADDRESS	605 N. BELL STREET	
CITY-ST-ZIP	BROWNFIELD TX 79316	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, MERLEANE	
STREET ADDRESS	8501 SW 185TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERT, ANDRIA	
STREET ADDRESS	13251 SW 254 TERRACE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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