2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

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DOCUMENT # N01000007758				36	cretary ()1 Su	ate	
1. Entity Name					5-03-2004 90406 0			
FAITH HOMES, INCORPORATED			W W	9				
				' }				
Principal Place	e of Business	Mailing Address		-				
4565 ALPINE LANE P.O.		P.O. BOX 6653	O. BOX 6653					
TITUSVILLE, FL 32780 TITUSVILLE, FL 32782-669		653						
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Principal Place of Business 3, Mailing Address								
P.		P.O. 1500	0. Box 7206		.edt. e0 iti 25 111 a e111	11 (969) milai 1411	1101 01 1-01	
L Ilo		POLT ST	Suite, Apt. #, etc.		g-NP CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add	itional	
		-34985- ·	<u> 45.17</u>		· ,	Fee Required	1 -	
6. Name and Address of Current Registered Agent Nam				7. Name and Addr	ess of New Registered A	gent		
COOKE, ESTHER M			<u></u>					
4565 ALPI	NE LANE LE, FL 32780		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		-		
	E, FL 32700							
(± §	5.°		City	*****	FL	Zip Code	9	
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								
	ions of registered agent.	trie barbase of custiding its re	gistered office of regis	itered agent, or both, in	ine state of Florida. Tast i	ammai wiisi, a	and accept	
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SIGNATURE .								
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0.0111.707.2	Signature, typed or printed name of registered agents	and the diapplicable, (NOTE: R	logistored Agant signature requ	ered when reutslating)	DATE			
	Filing Fee Is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	Make check			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor	eaign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	eaign Financing Intribution.	\$5.00 May Be Added to Fees	Make check	ment of St	ate 10	
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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 addless, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

KSTITKA COOKA

Date Don

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