2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N01000007758

Entity Name: FAITH HOMES, INCORPORATED

Current Principal Place of Business:

4565 ALPINE LANE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7206
PORT SAINT LUCIE, FL 34985

New Mailing Address:

P.O. BOX 880505
PORT SAINT LUCIE, FL 34988

FEI Number: 59-3752473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOKE, ESTHER M
4565 ALPINE LANE
TITUSVILLE, FL 32780 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:	D	( ) Delete
Name:	COOKE, ESTHER M	
Address:	4565 ALPINE LANE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	CAMPBELL, LLOYD	
Address:	580 HANOVER DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	WARREN, CAROL	
Address:	2775 PINERIDGE DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	KIMREY, KAREN	
Address:	4004 HOLDER PARK DR.	
City-St-Zip:	MIMS, FL 32754	
Title:	D	( ) Delete
Name:	NOBLES, MARLENE	
Address:	124 MCNERLA DR.	
City-St-Zip:	TITUSVILLE, FL 32796	

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 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: CAMPBELL LLOYD ASST 04/23/2007
Electronic Signature of Signing Officer or Director — Date