

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 21, 2004
Secretary of State**

DOCUMENT# N02000001730

Entity Name: FAITH MINISTRIES INTERNATIONAL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

113 LITTLETON CIRCLE
DELAND, FL 32724

New Principal Place of Business:

4436 OAKTON DR.
ORLANDO, FL 32818 US

Current Mailing Address:

P. O. BOX 680159
ORLANDO, FL 32868

New Mailing Address:

4436 OAKTON DR.
ORLANDO, FL 32818

FEI Number: 37-1424585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256

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: DIR. () Delete
Name: CRANDALL, BEN REV.
Address: 14 MANNING DRIVE
City-St-Zip: BARRINGTON, RI 02806

Title: DIR. () Delete
Name: SHACKLFORD, BRAD MR.
Address: 626 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: SEC. () Delete
Name: THORSELL, MARK MR.
Address: 610 RICH DRIVE
City-St-Zip: OCOEE, FL 34761

Title: PRES () Delete
Name: SANTO, JAMEY E REV.
Address: 113 LITTLETON CIRCLE
City-St-Zip: DELAND, FL 32724

Title: V/T. () Delete
Name: SANTO, JEANNIE L MRS.
Address: 113 LITTLETON CIRCLE
City-St-Zip: DELAND, FL 32724

Title: DIR. () Delete
Name: CLATTENBURG, ALEX H REV.
Address: 310 RAVEN ROCK LANE
City-St-Zip: LONGWOOD, FL 32750

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: PRES (X) Change () Addition
Name: SANTO, JAMEY E REV.
Address: 4436 OAKTON DR.
City-St-Zip: ORLANDO, FL 32818

Title: V/T. (X) Change () Addition
Name: SANTO, JEANNIE L MRS.
Address: 4436 OAKTON DR.
City-St-Zip: ORLANDO, FL 32818

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 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 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: JAMEY E. SANTO

PRES

05/21/2004

Electronic Signature of Signing Officer or Director

Date