

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90416 009 \*\*\*\*61.25

**DOCUMENT # N02000001740**

1. Entity Name

**FAITH JOURNEY MINISTRIES INCORPORATED**



Principal Place of Business

**1011 HEMINGWAY CIR  
HAINES CITY FL 33844**

Mailing Address

**P.O. BOX 2918  
HAINES CITY FL 33845**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BULLOCK, IZORA  
126 BEVERLY DR.  
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1011 Hemingway Cir**

City

**Haines City**

**FL**

Zip Code

**33844**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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** ☐ Delete  
NAME **BULLOCK, IZORA**  
STREET ADDRESS **126 BEVERLY DR.**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **VD** ☐ Delete  
NAME **BULLOCK, RON**  
STREET ADDRESS **126 BEVERLY DR.**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **TD** ☐ Delete  
NAME **REDD, SHIRLEY**  
STREET ADDRESS **4435 LAUREL POINTE DR**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1011 Hemingway Cir**  
CITY-ST-ZIP **Haines City FL 33844**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1011 Hemingway Cir**  
CITY-ST-ZIP **Haines City, FL 33844**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Izora Bullock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/04**

Date

**863421-9798**

Daytime Phone #