


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 020 ****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
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50064431

2. Principal Place of Business		3. Mailing Address <i>1011 Hemingway Cir</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Haines City, FL</i>	
Zip	Country	Zip <i>33844</i>	Country



08282005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BULLOCK, IZORA 1011 HEMINGWAY DR. HAINES CITY, FL 33844	
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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 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 reconstituting) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLOCK, IZORA 1011 HEMINGWAY DR. HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BULLOCK, RON 1011 HEMINGWAY DR. HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REDD, SHIRLEY 4435 LAUREL POINTE DR LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nathaniel Scott - T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1722 3rd St. N.W. Apt. B Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elizabeth Alexandre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1410 3rd N.W. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **8-28-05** **863 229-2764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #