# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 31, 2004**
**Secretary of State**

DOCUMENT# N02000004057

**Entity Name:** FULL FAITH, INC.

**Current Principal Place of Business:**

4100 E DIJON DR
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4100 E DIJON DR
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number: 03-0454254** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WRIGHT, KIMBERLY
4100 E. DIJON DR
ORLANDO, FL 32808

**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: | P | ( ) Delete |
| Name: | WRIGHT, KIMBERLY | |
| Address: | 4100 E DIJON DR | |
| City-St-Zip: | ORLANDO, FL 32808 | |
| Title: | V | ( ) Delete |
| Name: | EVERSON, JOSEPHINE | |
| Address: | 4100 E DIJON DR | |
| City-St-Zip: | ORLANDO, FL 32808 | |
| Title: | T | ( ) Delete |
| Name: | WRIGHT, MATALICE | |
| Address: | 4100 E DIJON DR | |
| City-St-Zip: | ORLANDO, FL 32808 | |
| Title: | S | ( ) Delete |
| Name: | HARPER, SENNIE | |
| Address: | 1106 PENN ST | |
| City-St-Zip: | LEESBURG, FL 32808 | |
| Title: | D | ( ) Delete |
| Name: | JAMES, LORI | |
| Address: | 2806 WOODBRIDGE LN | |
| City-St-Zip: | ORLANDO, FL 32808 | |
| Title: | D | ( ) Delete |
| Name: | PIERRE, ANNETTE | |
| Address: | 6511 SW 26 ST | |
| City-St-Zip: | MIRAMAR, FL 33023 | |

**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: | |
| 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: KIMBERLY WRIGHT P 08/31/2004
Electronic Signature of Signing Officer or Director — Date