

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004477

Entity Name: FAITH MISSIONS INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

14312 17TH STREET
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

14312 17TH STREET
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 04-3694037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLING, BOB
6495 SEALAWN DR.
SPRING HILL, FL 34606

Name and Address of New Registered Agent:

BOWLING, BOBBY R
37248 CARTER AVE.
DADE CITY, FL 33523

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: BOBBY R. BOWLING

07/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWLING, BOBBY R
Address: 6495 SEALAWN DR.
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: MANN, JEFF
Address: 5019 LARCH LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HUTCHINS, DON
Address: 1040 MAIN ST., LOT 190
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOWLING, BOBBY R
Address: 37248 CARTER AVE.
City-St-Zip: DADE CITY, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HATFIELD, PAUL
Address: 10134 HOLLY DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Change (X) Addition
Name: PITTS, SABRINA
Address: 33901 TRILBY RD.
City-St-Zip: DADE CITY, FL 33523

Title: D () Change (X) Addition
Name: BOWLING, AMI L
Address: 37248 CARTER AVE.
City-St-Zip: DADE CITY, FL 33523

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: AMI L. BOWLING

D

07/08/2004

Electronic Signature of Signing Officer or Director

Date