

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004477

FILED
May 11, 2005
Secretary of State

Entity Name: FAITH MISSIONS INC.

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOWLING, BOBBY R
34851 ANSLEY AVENUE
DADE CITY, FL 33523 US

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

05/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: D (X) Change () Addition
Name: BOWLING, AMI L
Address: 34851 ANSLEY AVENUE
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

05/11/2005

Electronic Signature of Signing Officer or Director

Date