


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005100	
1. Entity Name FAITH CATHEDRAL BAPTIST MINISTRIES INC.	

Principal Place of Business 875 MATT LANE PORT ORANGE, FL 32127	Mailing Address 875 MATT LANE PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3958409	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIAR, V B II
875 MATT LANE
PORT ORANGE, FL 32127

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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** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIAR, V B II 875 MATT LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRIAR, LEAH M 875 MATT LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TAYLOR, WANDA 100 MAPLEWOOD DR DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100000243097
02/25/05-80058-021 70.00

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:  **2/23/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/23/05** Daytime Phone #