

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90033 005 ****70.00

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	
2. Principal Place of Business 86 ROXBORO DR Suite, Apt. #, etc.		3. Mailing Address 86 ROXBORO DR Suite, Apt. #, etc.	
City & State Palm Coast		City & State Palm Coast	
Zip 32164		Zip 32164	
Country FL		Country FL	
4. FEI Number 59-3958409		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			
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 <i>[Signature]</i>		DATE 1/18/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	PD FRIAR, V B II 86 ROXBORO DR Palm Coast 32164
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	VD FRIAR, LEAH M 86 ROXBORO DR Palm Coast 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, WANDA 100 MAPLEWOOD DR DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, WANDA 1233 ESSEX DR. DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 <i>[Signature]</i>		DATE 1/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (386) 679-7005	