## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005930

Entity Name: FAITHDOME OF FELLOWSHIP, INC.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
111 PEREGRINE CT WINTER SPRINGS, FL 32708				950 N. CENTRAL AVENUE SUITE 3 & 4 OVIEDO, FL 32765		
Current Mailing Address:				New Mailing Address:		
111 PERE WINTER S	GRINE CT SPRINGS, FL	32708				
FEI Number:	: 54-2066747	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired (X)
Name and	Address of	Current Registered Agent:		Name and	Address of N	New Registered Agent:
	GEORGE 427 STE 121 OD, FL 3275	05462 US				
	named entity e of Florida.	submits this statement for the p	urpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	QUINONES, J 111 PEREGR			Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	BANDS-VALE 472 GREENS	) Delete S, VANESSA ZULMA MRS. PRINES CIR INGS, FL 32708		Title: Name: Address: City-St-Zip:	BANOS-VALES 472 GREEN SI	C) Change () Addition S, ZULMA V MRS. PRINGS CIR NGS, FL 32708
Title: Name: Address: City-St-Zip:	BENNETT, RO 513 GREENS			Title: Name: Address: City-St-Zip:	BENNETT, ROI 324 CELLO CI	
Title: Name: Address: City-St-Zip:	TD ( SOTO, GABR 511 ELDRON DELTONA, FL	AVE		Title: Name: Address: City-St-Zip:	ROMERO, AND	ATER TERRACE APT. 211
Title: Name: Address: City-St-Zip:	BANOS-ARAÛ 472 GREEN S	) Delete Z, ALDO R MR. SPRINGS CIR INGS, FL 32708		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	BENNETT, MA 509 SEASON	) Delete ARISOL MRS. S CT INGS, FL 32708		Title: Name: Address: City-St-Zip:	BENNETT, MAI 324 CELLO CI	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAYSON QUINONES PD 03/27/2007