2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000006222

FILED Aug 21, 2006 Secretary of State

Entity Name: THE FLORIDA FAITH-BASED ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2006 NE 8 RD 50 NE 35TH ST. OCALA, FL 34470 OCALA, FL 34479

Current Mailing Address: New Mailing Address:

PO BOX 819 50 NE 35TH ST OCALA, FL 344780819 OCALA, FL 34479

FEI Number: 36-4511514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DECASTRO, BERNIE DECASTRO, BERNIE 2006 NE 8 RD 50 NE 35TH ST. OCALA, FL 34470 US OCALA, FL 34479 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: 08/21/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COB () Delete (X) Change () Addition

BELL, CLEVE BELL, CLEVE Name: Name: 965 WEST FLAGLER STREET Address: 965 WEST FLAGLER STREET Address:

MIAMI, FL 33128

City-St-Zip: City-St-Zip: MIAMI, FL 33128

Title: DP Title: S/T (X) Change () Addition () Delete EDWARDS, STEVE Name: GLENN, JOHN Name: Address: 85 SW 52 AVE Address: 11655 HWY 441 SE

City-St-Zip: OCALA, FL 34474 City-St-Zip: OKEECHOBEE, FL 34974

Title: DV () Delete Title: (X) Change () Addition

CURINGTON, DAN YARNOLD, CHRIS Name: Name: 2525 FIRST AVE SOUTH Address: 2652 NE 24 ST Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: ST. PETERSBURG, FL 33712

Title: () Delete Title: MEM (X) Change () Addition

MCMAHON, JOHN Name: Name: MCMAHON, JOHN P.O. BOX 270848 P.O. BOX 270848 Address: Address: City-St-Zip: TAMPA, FL 33688 City-St-Zip: TAMPA, FL 33688

Title: **PRES** DST () Delete Title: (X) Change () Addition

RUTTENBUR, JEFF BERNIE, DECASTRO Name: Name: PO BOX 3340 50 NE 35TH ST Address: Address: City-St-Zip: BELLEVIEW, FL 34421 City-St-Zip: OCALA, FL 34479

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: BERNIE DECASTRO **PRES** 08/21/2006