

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006306

Entity Name: FAITH WORKS OF LOVE, INC.

FILED
May 23, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 966
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 966
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 43-1970043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, DEBORAH P
6775 HOLLY STREET
ZELLWOOD, FL 327980098 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEBB, DEBORAH P
Address: 6775 HOLLY STREET
City-St-Zip: ZELLWOOD, FL 32798

Title: VD () Delete
Name: WEBB, TERRY
Address: 6775 HOLLY STREET
City-St-Zip: ZELLWOOD, FL 32798

Title: SD () Delete
Name: THOMAS, EVETTE
Address: 915 ALBERTVILLE COURT
City-St-Zip: POINCIANA, FL 34759

Title: TD () Delete
Name: WILLIAMS, TRELLANY
Address: 440 APOPKA HILL CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: FLUERCIUR, RUBY
Address: POST OFFICE BOX 701151
City-St-Zip: DALLAS, TX 75370

Title: SD () Delete
Name: POLLOCK, BARBARA B
Address: POST OFFICE BOX 569
City-St-Zip: ZELLWOOD, FL 3279800

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: FLUERCIUR, RUBY
Address: 211 W 7TH STREET
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBORAH P WEBB

PD

05/23/2004

Electronic Signature of Signing Officer or Director

Date