## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 24, 2006 8:00 am Secretary of State DOCUMENT # N02000008033 05-24-2006 90011 001 \*\*\*\*\*8.75 05-24-2006 90011 002 \*\*\*\*61.25 FAITHFUL MINISTRIES, INC. Principal Place of Business Mailing Address 5561 MARTINEZ DR P.O. BOX 7147 66017169 JACKSONVILLE, FL 32238 JACKSONVILLE, FL 32210 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 Chg-NP CR2E037 (4/06) 4. FEI Number 52-2382373 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUFF, GRAYDON L 5563 MARTINEZ DR Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TS Change ☐ Addition TITLE Delete TITLE EDENFIELD, SHARRON NAME NAME P.O. BOX 7147 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32238 CITY-ST-7(P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDENFIELD, DELL NAME NAME STREET ADDRESS P.O. BOX 7147 STREET ADDRESS JACKSONVILLE, FL 32238 CITY-ST-ZIP CITY-ST-ZIP PD Addition TITLE ☐ Delete TITLE ☐ Change HUFF, G.L. NAME NAME STREET ADDRESS P.O. BOX 7147 STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32238 CITY-ST-ZIP Change Addition TITLE Delete TITLE HUFF, BARBARA C NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 7147 JACKSONVILLE, FL 32238 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in changed, or on an attachment with an address, with all other like empowered.

**FILED** 

ATTACHMENT WORKING

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