


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 014 ****75.00

DOCUMENT # N02000008033 1. Entity Name FAITHFUL MINISTRIES, INC.					
Principal Place of Business 5561 MARTINEZ DR JACKSONVILLE, FL 32210 US			Mailing Address P.O. BOX 7147 JACKSONVILLE, FL 32238 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HUFF, GRAYDON L 5563 MARTINEZ DR JACKSONVILLE, FL 32210				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EDENFIELD, SHARRON P.O. BOX 7147 JACKSONVILLE, FL 32238 <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	T EDENFIELD, DELL P.O. BOX 7147 JACKSONVILLE, FL 32238 <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	PD HUFF, G.L. P.O. BOX 7147 JACKSONVILLE, FL 32238 <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	VPD HUFF, BARBARA C P.O. BOX 7147 JACKSONVILLE, FL 32238 <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>Graydon L Huff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>as per money order also</i> 9/21/07 904-923-2893 <small>Date Daytime Phone</small>		

4011343



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-2382373
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**



ATTACHMENT
40113437

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2007

FAITHFUL MINISTRIES, INC.
P.O. BOX 7147
JACKSONVILLE, FL 32238 US

SUBJECT: FAITHFUL MINISTRIES, INC.
Ref. Number: N02000008033

We have received your check(s) totaling \$75.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 507A00028499

I've filled this out ^{to} the best of my understanding. If there is something I've missed here, please feel free to call at: 904-923-2893 or 800-317-6220

ATTACHMENT

40113437

MAY 1, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX # 1500
TALLAHASSEE, FLORIDA
32302-1500

REF.# NO2000008033

THESE ARE THE MINUTES OF THE FAITHFUL MINISTRIES, INC.

The meeting was brought to order by prayer by Rev. Graydon L. Huff Sr. at 7:15 P.M.
on April 30, 2007

We have struggled with the concept at this time for moving to a more suitable place for us to worship, but at this time we cannot find as such for the finances to be able to bear more of an extra load at this time.

We mentioned the fact that when we had our first church that we had a RADIO STATION, and that helped to bring in more people. Rev. Huff called the one radio station that he was on back on from 1968 to 1988 and it was under a "new management" and as such they don't know us and could not "grandfather us in". So that was out at this time, they wanted far too much capital for us to handle at this time.

There was nothing else discussed at this time. We talked about handing out tracts and having a special sing with a group that we all knew, that's as far as that went to this point.

The meeting was adjourned at 9:30 P.M. with prayer once again and some fellowship.

Very sincerely


Rev. Graydon L. Huff Sr.