

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008033

FILED
May 21, 2009
Secretary of State

Entity Name: FAITHFUL MINISTRIES, INC.

Current Principal Place of Business:

5561 MARTINEZ DR
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7147
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: 52-2382373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUFF, GRAYDON L
5563 MARTINEZ DR
JACKSONVILLE, FL 32210 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: EDENFIELD, SHARRON
Address: P.O. BOX 7147
City-St-Zip: JACKSONVILLE, FL 32238

Title: T () Delete
Name: EDENFIELD, DELL
Address: P.O. BOX 7147
City-St-Zip: JACKSONVILLE, FL 32238

Title: PD () Delete
Name: HUFF, G.L.
Address: P.O. BOX 7147
City-St-Zip: JACKSONVILLE, FL 32238

Title: VPD () Delete
Name: HUFF, BARBARA C
Address: P.O. BOX 7147
City-St-Zip: JACKSONVILLE, FL 32238

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:

I hereby certify that the information supplied with this filing does not qualify 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: GRAYDON L. HUFF SR.

REV

05/21/2009

Electronic Signature of Signing Officer or Director

Date