2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N03000000072

Entity Name: FAITH WILL WORK MINISTRIES, INC.

Current Principal Place of Business:

26 HIGHRIDGE RD
HOLLY HILL FL, FL 32117

New Principal Place of Business:

Current Mailing Address:

26 HIGHRIDGE RD
HOLLY HILL FL, FL 32117

New Mailing Address:

FEI Number: 42-1567343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, GARY L MIN
26 HIGHRIDGE RD
HOLLY HILL FL, FL 32117 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: D ( ) Delete
Name: DAVIS, KELVIN MIN
Address: 2703 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: DAVIS, LESLIE
Address: 2703 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: NORRIS, ANNIE
Address: 26 HIGHRIDGE RD
City-St-Zip: HOLLY HILL FL, FL 32117

Title: D ( ) Delete
Name: HAILE, ROSE
Address: 228 HAYNES ST
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete
Name: HALL, CLIFFORD
Address: 808 MAGNOLIA AVE
City-St-Zip: DAYTONA BCH, FL 32114

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: ( ) 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: GARY NORRIS P 04/29/2004

Electronic Signature of Signing Officer or Director Date