## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000072

Entity Name: FAITH WILL WORK MINISTRIES, INC.

FILED Sep 22, 2009 Secretary of State

26 HIGHRIDGE RD 1652 SPRING GARDEN COURT HOLLY HILL FL, FL 32117 HOLLY HILL FL, FL 32117

**Current Mailing Address: New Mailing Address:** 

1652 SPRING GARDEN COURT 26 HIGHRIDGE RD HOLLY HILL FL, FL 32117 HOLLY HILL FL, FL 32117

FEI Number: 42-1567343 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:

NORRIS, GARY L MIN HAILE, ROSE 26 HIGHRIDGE RD 1652 SPRING GARDEN COURT HOLLY HILL FL, FL 32117 US HOLLY HILL, FL 32117

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: ROSE HAILE 09/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition DAVIS, KELVIN MIN HAILE, ROSE Name: Name:

2703 ROYAL PALM DR Address: 1652 SPRING GARDEN CT Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: HOLLY HILL, FL 32117

Title: () Delete Title: (X) Change ( ) Addition

DAVIS, LESLIE Name: HELEN, AZAMA Name:

Address: 2703 ROYAL PALM DR Address: 256 WASHINGTON PLACE City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: ORMOND BEACH, FL 32724

Title: () Delete Title: (X) Change ( ) Addition

NORRIS, ANNIE Name: LEON, CHARMIN Name: 26 HIGHRIDGE RD 1652 SPRING GARDEN CT Address: Address: City-St-Zip: HOLLY HILL FL. FL 32117 City-St-Zip: HOLLY HILL FL, FL 32117

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: HAILE, ROSE Name: BURGMON, PATRICIA 5622 CATSKILL CT Address: 228 HAYNES ST Address:

City-St-Zip: DAYTONA BCH, FL 32114 City-St-Zip: WINTER SPRINGS, FL 32518

Title: (X) Delete Title: () Change () Addition

HALL, CLIFFORD Name: Name: 808 MAGNOLIA AVE Address: Address: DAYTONA BCH, FL 32114 City-St-Zip: 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: ROSE HAILE Ρ 09/22/2009