

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002001

Entity Name: FRIENDS OF FAITH, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 37242  
JACKSONVILLE, FL 32221 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 37242  
JACKSONVILLE, FL 32221 US

## New Mailing Address:

FEI Number: 56-2323711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, REAZONDA  
10248 MANORVILLE DRIVE  
JACKSONVILLE, FL 32221 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: P ( ) Delete  
Name: GRAY, REAZONDA  
Address: 10248 MANORVILLE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP (X) Delete  
Name: ROBERTSON, SHEILA  
Address: 2801 NW 60TH AVENUE, APT 151  
City-St-Zip: SUNRISE, FL 33313 US

Title: TRES ( ) Delete  
Name: JACKSON, YOLONDA  
Address: 8830 FLICKER ROAD  
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: SEC ( ) Delete  
Name: JACKSON, YOLONDA  
Address: 8830 FLICKER ROAD  
City-St-Zip: TALLAHASSEE, FL 32305 US

## 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 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: REAZONDA GRAY

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date