2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N03000002001

Entity Name: FRIENDS OF FAITH, INC.

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 ( )**
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:

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: 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: TRES (X) Change ( ) Addition
Name: CAVE, YOLONDA
Address: 8830 FLICKER ROAD
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: SEC (X) Change ( ) Addition
Name: CAVE, YOLONDA
Address: 8830 FLICKER ROAD
City-St-Zip: TALLAHASSEE, FL 32305 US

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 05/04/2005

Electronic Signature of Signing Officer or Director — Date