2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State
05-14-2007 90068 046 ****61.25

DOCUMENT # N03000004141

1. Entity Name
FAITH WORSHIP CENTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
4868 ALAMANDA DR MELBOURNE, FL 32925	P.O. BOX 411574 MELBOURNE, FL 32941-1574

66019416

04102007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
52-2443135
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORBERT, SHELTON L
4868 ALAMANDA DR
MELBOURNE, FL 32925

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shelton L. Torbert 25 Apr 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPV
NAME	TORBERT, YVETTE P
STREET ADDRESS	4868 ALAMANDA DR.
CITY-ST-ZIP	MELBOURNE, FL 32925
TITLE	Pastor
NAME	Shelton L. Torbert
STREET ADDRESS	4868 Alamanda Drive
CITY-ST-ZIP	Melbourne, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelton L. Torbert 12 Jun 07 (321) 749-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #