

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90003 012 ****61.25



DOCUMENT # N03000004183

1. Entity Name

FAITH HOPE AND CHARITY MINISTRY OF GOD, INC.

Principal Place of Business

8337 PINEVERDE LANE
JACKSONVILLE FL 32244
US

Mailing Address

8337 PINEVERDE LANE
JACKSONVILLE FL 32244
US



2. Principal Place of Business

6455 Arroyo Forest Blvd
Apt. 621

Suite, Apt. #, etc.

City & State
Jax FLA

Zip
32244

Country

3. Mailing Address

6455 Arroyo Forest Blvd
Apt. 621

Suite, Apt. #, etc.

City & State
Jax FLA

Zip
32244

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

52-2398717

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DC FINANCIAL SOLUTIONS, INC.
1236 S. MCDUFF AVENUE
SUITE 109
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	OSBORN, HILDA	
STREET ADDRESS	8337 PINEVERDE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	Osborn, Hilda	<input type="checkbox"/> Delete
NAME	6455 Arroyo Forest Blvd, Apt 621	
STREET ADDRESS	Jax, FLA 32244	
CITY-ST-ZIP		
TITLE	Tamara Hamilton	<input type="checkbox"/> Delete
NAME	11728 Biscayne Blvd	
STREET ADDRESS	Jax, FLA 32218	
CITY-ST-ZIP		
TITLE	John Hamilton	<input type="checkbox"/> Delete
NAME	11728 Biscayne Blvd	
STREET ADDRESS	Jax, FLA 32218	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hilda Osborn

June 28-05 904 9074291