

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004382

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: CENTER OF FAITH MINISTRIES INC.

**Current Principal Place of Business:**

1065 LONGSTREET DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12932  
TALLAHASSEE, FL 323172932

**New Mailing Address:**

FEI Number: 73-1667715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, DENNA D  
1065 LONGSTREET DRIVE  
TALLAHASSEE, FL 32311 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: D ( ) Delete  
Name: WILLIAMS, DENNA  
Address: 1065 LONGSTREET DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: HUDSON, TINA  
Address: 1065 LONGSTREET DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: WASHINGTON, TIFFANY  
Address: 10053 BLUEWATER ROAD  
City-St-Zip: TALLAHASSEE, FL 32311

**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:

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: DENNA WILLIAMS

D

07/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date