


505 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 025 ****61.25

DOCUMENT # N03000007270	
1. Entity Name FAITH BAPTIST CHURCH INC.	

Principal Place of Business P.O. BOX 278 ORANGE LAKE FL 32681	Mailing Address P.O. BOX 278 ORANGE LAKE FL 32681
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2. Principal Place of Business Edward L. Bagley Suite, Apt. #, etc. 2165 N.E. 184th Street City & State Citra, Florida Zip 32113	3. Mailing Address Edward L. Bagley Suite, Apt. #, etc. 2165 N.E. 184th Street City & State Citra, Florida Zip 32113 Country Marion
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2nd MOORE CR2E037 (5/05)

4. FEI Number 74-3102314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUTLER, WILLIE C 3839 HWY 318 WEST ORANGE LAKE FL 32681	7. Name and Address of New Registered Agent Name Edward L. Bagley Street Address (P.O. Box Number is Not Acceptable) 2165 N.E. 184th Street City Citra, FL Zip Code 32113
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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 Edward L. Bagley **Aug. 2, 2005**
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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. PD OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP OWENS, EUGENE P.O. BOX 278 ORANGE LAKE FL 32681 VPD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P, D. Owens, Eugene 2165 N.E. 184th Street Citra, FL 32113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BUTLER, WILLIE C P.O. BOX 278 ORANGE LAKE FL 32681 S <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V. D. Sharon Owens 2165 N.E. 184th Street Citra, FL 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BUTLER, SHIRLEY A P.O. BOX 278 ORANGE LAKE FL 32681 TD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BAGLEY, EDWARD L 2155 N.E. 184TH ST CITRON FL 32113 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S, T, D, Bagley, Edward L. 2165 N.E. 184th Street Citra, FL 32113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CRUFF, WALTER W PO BOX 527 MCINTOSH FL 32664 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP HULL, MELVIN L PO BOX 374-5420 N.W 190TH MC INTOSH FL 32664 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward L. Bagley **S.T.D.** **August 2, 2005** **595-1814**
Signature and typed or printed name of signing officer or director Date Daytime Phone #