

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009199

FILED  
Jul 10, 2009  
Secretary of State

**Entity Name:** FAITH IN THE WORD ASSEMBLY, INC.

**Current Principal Place of Business:**

NORTH US HIGHWAY 19  
OLD TOWN, FL

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 378  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 83-0375681      **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:**

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

BRAY, ROY J  
362 SE 317 HIGHWAY  
OLD TOWN, FL 32680      US

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: BRAY, ROY J  
Address: POST OFFICE BOX 1749  
City-St-Zip: OLD TOWN, FL 32680

Title: D      ( ) Delete  
Name: BRAY, JAMES A  
Address: POST OFFICE BOX 7  
City-St-Zip: OLD TOWN, FL 32680

Title: D      ( ) Delete  
Name: KINCAID, BOBBY  
Address: POST OFFICE BOX 675  
City-St-Zip: TRENTON, FL 32693

**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 exemption stated 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 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: ROY J BRAY

RA

07/10/2009

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

\_\_\_\_\_  
Date