2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002500

FILED Apr 23, 2008 Secretary of State

Entity Name: FAITH COMMUNITY CHURCH, A NORTH FLORIDA CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 248 N LAKE CUNNINGHAM AVE JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 248 N LAKE CUNNINGHAM AVE JACKSONVILLE, FL 32259 FEI Number: 20-0867803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUER, WAYNE 248 N LAKE CUNNINGHAM AVE JACKSONVILLE, FL 32259 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAUER, WAYNE R PRES Name: Name: 248 N LAKE CUNNINGHAM AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: REV. () Delete Title: () Change () Addition BAUER, VIRGINIA VP Name: Name: Address: 248 N LAKE CUNNINGHAM AVE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: () Change () Addition ATKINSON, STEVE SECR Name: Name: Address: 800 MARIAM ELIAS WAY Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: Title: MS () Delete Title: () Change () Addition Name: BAKER, SERENA TREAS Name: Address: 4205 WICKS BRANCH ROAD Address: City-St-Zip: ST AUGUSTINE, FL 32086 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: VIRGINIA BAUER VP 04/23/2008