

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90019 045 ****70.00

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03252005 Chg-NP CR2E037 (10/03)

4. FEI Number **200942324** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N04000003049

1. Entity Name
FINANCIAL FAITH FOUNDATION, INC.



Principal Place of Business
**3128 WEST 6TH SRREET
JACKSONVILLE, FL 32254**

Mailing Address
**3128 WEST 6TH SRREET
JACKSONVILLE, FL 32254**

2. Principal Place of Business
**4600 Touchton Rd. E.
Suite, Apt. #, etc.
Bldg. 100, Ste. 150
City & State
Jacksonville, FL
Zip
32246
Country
United States**

3. Mailing Address
**4600 Touchton Rd. E.
Suite, Apt. #, etc.
Bldg. 100, Ste. 150
City & State
Jacksonville, FL
Zip
32246
Country
United States**

6. Name and Address of Current Registered Agent
**COSTELLO, D'ANGELO M
3128 WEST 6TH SRREET
JACKSONVILLE, FL 32254**

7. Name and Address of New Registered Agent
Name **D'Angelo Costello**
Street Address (P.O. Box Number is Not Acceptable)
**4600 Touchton Rd. E.
Bldg. 100, Ste. 150
City
Jacksonville FL Zip Code
32246**

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 **D'Angelo Costello** **D'Angelo Costello** **3-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTELLO, D'ANGELO M 3128 WEST 6TH SRREET STREET JACKSONVILLE, FL 32254 <input 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	V MCDUFFEY, VULNAVIA 3128 WEST 6TH SRREET STREET JACKSONVILLE, FL 32254 <input 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	CEO JENKINS, ROSS C 3128 WEST 6TH SRREET JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D'Angelo Costello 3128 West 6th STREET JACKSONVILLE, FL 32254 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTELLO, GLORIA 3128 WEST 6TH SRREET STREET JACKSONVILLE, FL 32254 <input 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	<input 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	<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: **D'Angelo Costello** **D'Angelo Costello** **3-25-05** **(904) 622-8447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #