2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2005
Secretary of State

DOCUMENT# N04000004887

Entity Name: FAITH'S WAY FAMILY CHURCH, INC.

Current Principal Place of Business:

1650 DUNN AVENUE
JACKSONVILLE, FL 32218

New Principal Place of Business:

700 W POPE RD
L-93
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1650 DUNN AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

700 W POPE RD
L-93
ST. AUGUSTINE, FL 32080

FEI Number: 73-1705187 **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:

CHRISTMAN, GARY W
1650 DUNN AVENUE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CHRISTMAN, GARY W
700 W POPE RD
L-93
ST. AUGUSTINE, FL 32080 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: _____ 05/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHRISTMAN, GARY W
Address: 1650 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VTD ( ) Delete
Name: CHRISTMAN, KELLY B
Address: 1650 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: WRIGLEY, PAUL
Address: 1650 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHRISTMAN, GARY W
Address: 700 W POPE RD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VTD (X) Change ( ) Addition
Name: CHRISTMAN, KELLY B
Address: 700 W POPE RD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD (X) Change ( ) Addition
Name: WRIGLEY, PAUL
Address: 700 W POPE RD
City-St-Zip: ST. AUGUSTINE, FL 32080

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: GARY W CHRISTMAN PD 05/29/2005
Electronic Signature of Signing Officer or Director — Date