2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004887

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

FILED Aug 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

700 W POPE RD 700 W POPE RD

L-93 C-18

ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

700 W POPE RD 700 W POPE RD

L-93 C-18

ST. AUGUSTINE, FL 32080 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: Name and Address of New Registered Agent:

CHRISTMAN, GARY W CHRISTMAN, GARY W 700 W POPE RD 700 W POPE RD

L-93 C-18

ST. AUGUSTINE, FL 32080 US 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: GARY W CHRISTMAN 08/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CHRISTMAN, GARY W Name: CHRISTMAN, GARY W

 Name
 CHRISTIMAN, GART W
 Name
 CHRISTIMAN, GART W

 Address:
 700 W POPE RD
 Address:
 700 W POPE RD C-18

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 CHRISTMAN, KELLY B
 Name:
 CHRISTMAN, KELLY B

 Address:
 700 W POPE RD
 Address:
 700 W POPE RD C-18

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 WRIGLEY, PAUL
 Name:
 WRIGLEY, PAUL

 Address:
 700 W POPE RD
 Address:
 700 W POPE RD C-18

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 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 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: GARY W CHRISTMAN PD 08/18/2006