

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005948

1. Entity Name
COMMUNITY OF FAITH CHURCH, INC.



Principal Place of Business
% 1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308

Mailing Address
% 1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072005

Chg-NP

CR2E037 (10/03)

4. FEI Number

34-1999230

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISBEE, H. RICHARD ESQ.
1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 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 P
NAME MCFADDEN, CALVIN J
STREET ADDRESS 9141 SEAFAIR LANE
CITY-ST-ZIP TALLAHASSEE, FL 32317 ☐ Delete

TITLE
NAME Valerie Walker
STREET ADDRESS 2918 Olson Landing Rd.
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE V
NAME HOLCOMB, KYM
STREET ADDRESS 1558 SPRUCE WOOD TR.
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS 700059781207
CITY-ST-ZIP 09/20/05--01039--015 **70.00 ☐ Change ☐ Addition

TITLE S
NAME GOODLOE, BRENDA P
STREET ADDRESS 457 SAN MARTIN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME SINCLAIR, MARGO
STREET ADDRESS 2855 APALACHEE PKWY
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HANKERSON, EARL J
STREET ADDRESS 4457 WESLEY DR
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DAVIS, KIMBERLY J
STREET ADDRESS 2136 E PARK AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/05

Date

850-545-1165

Daytime Phone #