

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005948

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** COMMUNITY OF FAITH CHURCH, INC.

**Current Principal Place of Business:**

% 1882 CAPITAL CIRCLE NE  
SUITE 206  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

% 1882 CAPITAL CIRCLE NE  
SUITE 206  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 34-1999230      **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:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCFADDEN, CALVIN J  
Address: 9141 SEAFAIR LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: V ( ) Delete  
Name: HOLCOMB, KYM  
Address: 1558 SPRUCE WOOD TR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete  
Name: GOODLOE, BRENDA P  
Address: 457 SAN MARTIN DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete  
Name: SINCLAIR, MARGO  
Address: 2855 APALACHEE PKWY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: HANKERSON, EARL J  
Address: 4457 WESLEY DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: WALKER, VALERIE  
Address: 2918 OLSON LANDING RD.  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CALVIN J. MCFADDEN

PRES

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date