

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005948

FILED
Jan 12, 2009
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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MCCRARY, CANDACE
Address: 259 OAKVIEW DR.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: HOLCOMB, KYM
Address: 2035 DUNEAGLE LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: BOWMAN, VANDA
Address: 233 NABB RD.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: DOWNING, KEITH
Address: P.O. BOX 5571
City-St-Zip: TALLAHASSEE, FL 32314

Title: D () Delete
Name: WALKER, VALERIE
Address: 684 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAULKNER, REMILLE M
Address: 3700 CAPITAL CIRCLE SOUTH EAST APT # 119
City-St-Zip: TALLAHASSEE, FL 32311

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 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: REMILLE M FAULKNER

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date