

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2009
Secretary of State

DOCUMENT# N04000005948

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 ()****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: FAULKNER, REMILLE M
Address: 3700 CAPITAL CIRCLE SOUTH EAST APT # 119
City-St-Zip: TALLAHASSEE, FL 32311**Title:** T () Delete
Name: BOWMAN, VANDA
Address: 233 NABB RD.
City-St-Zip: TALLAHASSEE, FL 32317**Title:** D () Delete
Name: WALKER, VALERIE
Address: 684 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: WALKER, VALERIE
Address: 684 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305**Title:** D () Change (X) Addition
Name: SPEIGHTS, ALVIN
Address: 1870 RODEO COURT
City-St-Zip: TALLAHASSEE, FL 32311**Title:** D () Change (X) Addition
Name: BAKER, JIMMIE
Address: 1575 PAUL RUSSELL ROAD #604
City-St-Zip: TALLAHASSEE, FL 32301**Title:** D () Change (X) Addition
Name: SAMUEL, DEBRA M
Address: 3251 BAHAMA DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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

10/06/2009

Electronic Signature of Signing Officer or Director

Date