# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2008**
**Secretary of State**

DOCUMENT# N04000010074

**Entity Name:** FAITH CENTERED AROUND JESUS MINISTRY INC.

**Current Principal Place of Business:**

5660 MONCRIEF ROAD
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9042
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number: 20-1520970** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OVERSTREET, ETHEL L
4025 DAVIS ST.
JACKSONVILLE, FL 32209 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: OVERSTREET, ETHEL
Address: P.O. BOX 9042
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: WATERS, RACHEL
Address: P.O. BOX 9042
City-St-Zip: JACKSONVILLE, FL 32208

Title: P ( ) Delete
Name: BENTON, LILLIAN
Address: P.O. BOX 9042
City-St-Zip: JACKSONVILLE, FL 32208

Title: P ( ) Delete
Name: SMITH, COREY B
Address: P.O. BOX 9042
City-St-Zip: JACKSONVILLE, FL 32208

**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:

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: PASTOR ETHEL OVERSTREET P 04/05/2008

Electronic Signature of Signing Officer or Director — Date