2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000000103

Entity Name: FAITH INSTITUTIONAL CHURCH INCORPORATED

Current Principal Place of Business:

2725 NORTH FLORIDA AVE
TAMPA, FL 33602

New Principal Place of Business:

1603 BLOOMINGDALE AVE
TAMPA, FL 33596

Current Mailing Address:

3716 SMITH TREE STREET
TAMPA, FL

New Mailing Address:

3716 SMITH TREE STREET
TAMPA, FL 33619

FEI Number: 55-0882620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, ANTONIO R.
2725 NORTH FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HAWKINS, ANTONIO R.
1603 BLOOMINGDALE
TAMPA, FL 33596 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAWKINS, ANTONIO R.
Address: 2725 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: HOLMES, MARK A.
Address: 204 W. EMILY STREET
City-St-Zip: TAMPA, FL 33603

Title: DS ( ) Delete
Name: JENKINS, BRENDA K.
Address: 3716 SMITH TREE STREET
City-St-Zip: TAMPA, FL 33619

Title: TD ( ) Delete
Name: MAZE, FREDDIE
Address: 6404 34TH STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HAWKINS, ANTONIO R.
Address: 1603 BLOOMINGDALE AVE
City-St-Zip: TAMPA, FL 33596

Title: T (X) Change ( ) Addition
Name: BUTLER, WALTER
Address: 902 W. WOODLAWN AVE
City-St-Zip: TAMPA, FL 33603

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

Title: TD (X) Change ( ) Addition
Name: RICHARD, BRENDA
Address: 4211 E LINEBAUGH
City-St-Zip: TAMPA, FL 33617

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: ANTONIO R. HAWKINS D 04/29/2009
Electronic Signature of Signing Officer or Director — Date