2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# N05000000286

Entity Name: FAITH PARTNERS OF THE AMERICAS, INC.

Current Principal Place of Business:

523 SPRING OAKS BLVD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

523 SPRING OAKS BLVD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORRIS, FRED REV.
523 SPRING OAKS BLVD.
ALTAMONTE SPRINGS, FL 32714 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:	PD	( ) Delete
Name:	MORRIS, FRED	
Address:	523 SPRING OAKS BLVD.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VD	( ) Delete
Name:	ARMSTRONG, JIM REV	
Address:	1560 ALMOND COURT	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	SD	( ) Delete
Name:	HEINZE, DAVID REV	
Address:	726 GALLOWAY DRIVE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	TD	( ) Delete
Name:	BLACKBURN, JOHN	
Address:	221 SHELL POINT ROAD EAST	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	TD	( ) Delete
Name:	BLACKBURN, JOHN	
Address:	221 SHELL POINT ROAD EAST	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	MECHAM, MARILYN	
Address:	215 CENTENNIAL MALL SOUTH	
City-St-Zip:	LINCOLN, NE 685081888	

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: FRED MORRIS REV 03/31/2006
Electronic Signature of Signing Officer or Director — Date