

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001220

FILED
Apr 19, 2007
Secretary of State

Entity Name: FAITH COMMUNITY CHURCH, INC.

Current Principal Place of Business:

GARDEN CLUB OF LIVE OAK
COUNTY ROAD 136
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

PO BOX 963
LIVE OAK, FL 320640963

New Mailing Address:

FEI Number: 37-1497999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CURRY, JOHN L
7087 177 DRIVE
LIVE OAK, FL 32060 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: TTD () Delete
Name: ATHERTON, DON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060

Title: TD () Delete
Name: DEMOND, KENT DEACON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060

Title: TD () Delete
Name: STRICKLAND, E.L. DEACON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: CREWS, GINNY
Address: 9265 129TH RD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TTD (X) Change () Addition
Name: ATHERTON, DON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060 US

Title: TD (X) Change () Addition
Name: DEMOND, KENT DEACON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060 US

Title: TD (X) Change () Addition
Name: STRICKLAND, E.L. DEACON
Address: WOMEN'S CLUB OF LIVE OAK
City-St-Zip: LIVE OAK, FL 32060 US

Title: T (X) Change () Addition
Name: CREWS, GINNY
Address: 9265 129TH RD
City-St-Zip: LIVE OAK, FL 32060 US

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: GINNY CREWS

T

04/19/2007

Electronic Signature of Signing Officer or Director

Date