2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N05000009572

Entity Name: FIRST CHURCH OF FAITH MINISTRY, INC.

Current Principal Place of Business:

1299 NORTHWEST 27TH AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668007
POMPANO BEACH, FL 33066

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODRUM, EUGENE
521 NE 42ND STREET
POMPANO BEACH, FL 33064 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: GOODRUM, EUGENE
Address: 521 NE 42ND STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: GOODRUM, LINZIE L
Address: 4010 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD ( ) Delete
Name: GOODRUM, ALLEN DALE
Address: 2432 NW 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete
Name: DANTZLER, SHARON
Address: 4010 NE 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

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

Title: SD (X) Change ( ) Addition
Name: GOODRUM, PIERRE
Address: 4010 NE 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD ( ) Change (X) Addition
Name: FORD, BILLY R
Address: 110 NE 21 CT
City-St-Zip: POMPANO BEACH, FL 33060

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: LINZIE L GOODRUM VD 05/08/2008

Electronic Signature of Signing Officer or Director — Date