

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N05000011632

Entity Name: FAITH IN MESSIAH MINISTRIES, INC.

Current Principal Place of Business:

8051 NORTH TAMIAMI TRAIL
POB 24
SARASOTA, FL 34243

New Principal Place of Business:

MAIL BOX 24
8051 NORTH TAMIAMI TRAIL,
SARASOTA, FL 34243

Current Mailing Address:

8051 NORTH TAMIAMI TRAIL
POB 24
SARASOTA, FL 34243

New Mailing Address:

8051 NORTH TAMIAMI TRAIL
MAIL BOX 24
SARASOTA, FL 34243

FEI Number: 04-3834558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAITH, OLUKAYODE
8051 NORTH TAMIAMI TRAIL
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

FAITH, OLUKAYODE
8051 NORTH TAMIAMI TRAIL
MAIL BOX 24
SARASOTA, FL 34243 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:

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAITH, OLUKAYODE
Address: 8051 NORTH TAMIAMI TRAIL, POB 24
City-St-Zip: SARASOTA, FL 34243

Title: TR () Delete
Name: FAITH, LINDA
Address: 8051 NORTH TAMIAMI TRAIL, POB 24
City-St-Zip: SARASOTA, FL 34243

Title: SCTR () Delete
Name: FAITH, LINDA
Address: 8051 NORTH TAMIAMI TRAIL, POB 24
City-St-Zip: SARASOTA, FL 34243

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:

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: OLUKAYODE FAITH

MR

04/27/2007

Electronic Signature of Signing Officer or Director

Date