

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011632

FILED  
May 01, 2009  
Secretary of State

Entity Name: FAITH IN MESSIAH MINISTRIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6809-6813 US HWY 301 S  
RIVERVIEW, FL 33578

**Current Mailing Address:**

PO BOX 847  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 04-3834558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

**Name and Address of New Registered Agent:**

FAITH, OLUKAYODE PASTOR  
6809-6813 US HWY 301 S  
RIVERVIEW, FL 33578 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: KAY

05/01/2009

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OVSE (X) Change ( ) Addition  
Name: FAITH, OLUKAYODE PASTOR  
Address: 6766 WATERTON DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

Title: OFFI (X) Change ( ) Addition  
Name: DADA, GABRIEL DR.  
Address: 8716 CORAL DAWN CT.  
City-St-Zip: TAMPA, FL 33637

Title: SCTR (X) Change ( ) Addition  
Name: GEIS, VALERIE MS.  
Address: 3852 BELLEWATER BLVD.  
City-St-Zip: RIVERVIEW, FL 33578

Title: OFFI ( ) Change (X) Addition  
Name: OGUNDIPE, OLUKAYODE MR.  
Address: 10919 CORY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33647

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: KAY

PAST

05/01/2009

Electronic Signature of Signing Officer or Director

Date