

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 029 ****61.25

DOCUMENT # N05000012747

1. Entity Name
MARKETFAITH MINISTRIES, INC.



Principal Place of Business
**321 ANTON DRIVE
TALLAHASSEE, FL 32312**

Mailing Address
**321 ANTON DRIVE
TALLAHASSEE, FL 32312**

40067227



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3978200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, FREDRICK F JR.
321 ANTON DRIVE
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete
NAME **STRICKLAND, JANE**
STREET ADDRESS **3218 E. LAKESHORE DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☒ Delete
NAME **FARAH, JENNY**
STREET ADDRESS **2755 CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D** ☐ Delete
NAME **MITCHELL, CHIP**
STREET ADDRESS **1112 BEACHUM DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☒ Delete
NAME **HALL, DENNIS**
STREET ADDRESS **6555 CROOKED CREEK RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane M. Strickland
Jane M. Strickland

Secretary
Secretary

4/10/2008

Date

850/386-8121

Daytime Phone #