

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012747

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: MARKETFAITH MINISTRIES, INC.

## Current Principal Place of Business:

321 ANTON DRIVE  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

## Current Mailing Address:

321 ANTON DRIVE  
TALLAHASSEE, FL 32312

## New Mailing Address:

FEI Number: 20-3978200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, FREDRICK F JR.  
321 ANTON DRIVE  
TALLAHASSEE, FL 32312 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: DT ( ) Delete  
Name: STRICKLAND, JANE  
Address: 3218 E. LAKESHORE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: MITCHELL, CHIP  
Address: 1112 BEACHUM DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: STRICKLAND, JANE M  
Address: 3218 E. LAKESHORE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D ( ) Change (X) Addition  
Name: WOODLIEF, DOUGLAS  
Address: 2113 NATURAL WELLS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

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: JANE M. STRICKLAND

DT

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date