

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001212

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAITH FELLOWSHIP CHURCH OF WAKULLA COUNTY INC.

Current Principal Place of Business:

2735 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 809
WOODVILLE, FL 32362

New Mailing Address:

2735 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

FEI Number: 20-4243870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENJAMIN, GAIL B
3727 SHORELINE DR
TALLAHASSEE, FL 32305 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: P () Delete
Name: TENNISON, TOMMY
Address: P O BOX 809
City-St-Zip: WOODVILLE, FL 32362

Title: D () Delete
Name: AUSTIN, GARY
Address: 3973 BOURBON ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: AINSWORTH, RICK
Address: 202 WOODLAND HERITAGE BLVD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: CRUM, LISA
Address: 240 FRIENDSHIP CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: CRUM, DAVID
Address: 240 FRIENDSHIP CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: BENJAMIN, GAIL
Address: 37207 SHORELINE DR
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TENNISON, TOMMY
Address: P O BOX 809
City-St-Zip: WOODVILLE, FL 32362

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

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

Title: S (X) Change () Addition
Name: CRUM, LISA
Address: 240 FRIENDSHIP CHURCH RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: GAIL B. BENJAMIN

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date