

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002152

FILED
Apr 15, 2009
Secretary of State

Entity Name: UNITED FAITH MISSION, INC.

Current Principal Place of Business:

2983 SEQUOYAH DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2983 SEQUOYAH DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-4273853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, JOHN
2983 SEQUOYAH DRIVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

ARNOLD, JOHN F
2983 SEQUOYAH DRIVE
HAINES CITY, FL 33844 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: JOHN ARNOLD

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VEZEY, THOMAS E
Address: 2983 SEQUOYAH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: ARNOLD, JOHN F
Address: 2983 SEQUOYAH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: GRIFFIN, DENNIS
Address: 2073 CORNER LAKE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: REV (X) Change () Addition
Name: VEZEY, THOMAS E
Address: 2983 SEQUOYAH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: REV (X) Change () Addition
Name: ARNOLD, JOHN F
Address: 2983 SEQUOYAH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: TD (X) Change () Addition
Name: GRIFFIN, DENNIS
Address: 9501 PRADO GRANDE
City-St-Zip: HAINES CITY, FL 33844

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: JOHN ARNOLD

REV

04/15/2009

Electronic Signature of Signing Officer or Director

Date