

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002868

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FACE MINISTRIES, INC.

**Current Principal Place of Business:**

5272 BOX TURTLE CIRCLE  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5272 BOX TURTLE CIRCLE  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 74-3168337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPANA, DANIEL M  
5272 BOX TURTLE CIRCLE  
SARASOTA, FL 34232 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: PRES ( ) Delete  
Name: CAMPANA, DANIEL M  
Address: 5272 BOX TURTLE CIRCLE  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: MATHIS, KEVIN E  
Address: 6979 RICHARDSON RD.  
City-St-Zip: SARASOTA, FL 34240

Title: DIR ( ) Delete  
Name: CAMPANA, JIM A  
Address: 5272 BOX TURTLE CIRCLE  
City-St-Zip: SARASOTA, FL 34232

Title: DIR. ( ) Delete  
Name: GREENIDGE, PETER C  
Address: 4959 CEDAR OAK WAY  
City-St-Zip: SARASOTA, FL 34233

Title: DIR ( ) Delete  
Name: CAMPANA, MARLENE L  
Address: 5272 BOX TURTLE CIRCLE  
City-St-Zip: SARASOTA, FL 34232

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

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

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

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

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: DANIEL CAMPANA

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date