

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003597

FILED
Mar 22, 2007
Secretary of State

Entity Name: FAMILY OF FAITH CHURCH, INC.

Current Principal Place of Business:

5151 DOVE DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

PO BOX 3283
HOLIDAY, FL 34692

New Mailing Address:

FEI Number: 51-0582856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINYARD, JAMES K
5151 DOVE DR
NEW PORT RICHEY, FL 34652 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: D () Delete
Name: VINYARD, JAMES K
Address: 5151 DOVE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: RUSSELL, SUE C
Address: 2101 OAK CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: RUSSELL, ROBERT C
Address: 2101 OAK CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUE C. RUSSELL

MRS

03/22/2007

Electronic Signature of Signing Officer or Director

Date