2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004733

FILED May 05, 2009 Secretary of State

Entity Name: FAITH UNITED GLOBAL FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 BROADWAY 2620 N. AUSTALIAN AVENUE

WEST PALM BEACH, FL 33407 SUITE 103

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 9224 RIVIERA BEACH, FL 33419

FEI Number: 20-4864356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ALLEN, LYNN M ALLEN, LYNN M

4801 BROADWAY 135 PHEASANT RUN BLVD

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33415 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: LYNN ALLEN 05/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ALLEN, LYNN M Name: ALLEN, LYNN M

Address: 4801 BROADWAY Address: 135 PHEASANT RUN BLVD
City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33415

Title: TS () Delete Title: () Change () Addition

 Name:
 NEAL, DENISÉ W
 Name:

 Address:
 1473 WEST 28TH STREET
 Address:

 City-St-Zip:
 RIVIERA BEACH, FL 33404
 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: LYNN ALLEN DIR 05/05/2009

Electronic Signature of Signing Officer or Director

Date