


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 035 *****70.00

DOCUMENT # N06000005007	
1. Entity Name FAITH TO GLORY MINISTRIES, INC.	

Principal Place of Business 344 S. W. PRIMA VISTA BLVD PORT ST LUCIE FL 34983	Mailing Address 344 S. W. PRIMA VISTA BLVD PORT ST LUCIE FL 34983
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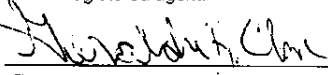
2. Principal Place of Business - No P.O. Box # P.O. Box 881233	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Port St Lucie FL 3	City & State
Zip 34988	Country St Lucie
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 87-0761794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, GERALDINE H 344 S. W. PRIMA VISTA BLVD PORT ST LUCIE FL 34983	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 4/7/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE C	<input type="checkbox"/> Delete
NAME TROUTMAN, EVIN	
STREET ADDRESS 614 SE WALTON LAKE DR	
CITY - ST - ZIP PORT ST LUCIE FL 34952	
TITLE VC	<input type="checkbox"/> Delete
NAME COOPER, CAROLYN	
STREET ADDRESS 1197 GULF STAR DRIVE	
CITY - ST - ZIP WINTER SPRINGS FL 32708	
TITLE S	<input type="checkbox"/> Delete
NAME MILLER, ANGELIA	
STREET ADDRESS 248 FAIRFIELD DR	
CITY - ST - ZIP SANFORD FL 32771	
TITLE T	<input type="checkbox"/> Delete
NAME HAMILTON, CYNTHIA D	
STREET ADDRESS 208 N 30TH STREET	
CITY - ST - ZIP FORT PIERCE FL 34947	
TITLE PF	<input type="checkbox"/> Delete
NAME CLARK, GERALDINE H	
STREET ADDRESS 344 S. W. PRIMA VISTA BLVD	
CITY - ST - ZIP PORT ST LUCIE FL 34983	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/7/07 Date
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