


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N06000005720 1. Entity Name FAITH CHAPEL, INC.	
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Principal Place of Business 10800 EVANS RD POLK CITY, FL 33868	Mailing Address 10800 EVANS RD POLK CITY, FL 33868
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04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5123539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AL-KHATB, ABDURRAHIM  
 10800 EVANS RD  
 POLK CITY, FL 33868

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000947248  
 06/02/08-80006-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL-KHATIB, ABDURRAHIM 10800 EVANS RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLEUS, GENE 8503 TWIN LAKE BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESENA, JERRY 3119 BELLFLOWER LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEIL, HARRY 528 ARIETTA CIRCLE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Abdul Khatib* *Al-Khatib* 4/30/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #