
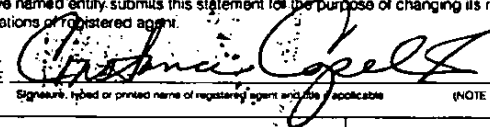
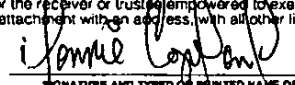


FILED  
May 14, 2007 8:00 am  
Secretary of State

04-24-2007 90018 032 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N06000007229</b>			
1. Entity Name <b>FAITH CENTER UNITED, INC.</b>			
Principal Place of Business <b>618 UNIVERSE STREET NW PALM BAY, FL 32907</b>		Mailing Address <b>618 UNIVERSE STREET NW PALM BAY, FL 32907</b>	
2. Principal Place of Business - No P.O. Box # <b>3274 Soft Breeze Cir.</b>		3. Mailing Address <b>3274 Soft Breeze Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>W. Melbourne, FL</b>		City & State <b>W. Melbourne, FL</b>	
Zip <b>32904</b>		Zip <b>32904</b>	
Country <b>Brevard</b>		Country <b>Brevard</b>	
4. FEI Number <b>20-5012060</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>COPELAND, CONSTANCE 618 UNIVERSE STREET NW PALM BAY, FL 32907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, the registered agent.			
SIGNATURE 		DATE <b>4-15-07</b>	
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, DONNIE 618 UNIVERSE STREET NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, CONSTANCE 618 UNIVERSE STREET NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYERS, GRACE 2216 LAKEVIEW DRIVE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, RONNIE 618 UNIVERSE STREET NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		5-9-07 321-721-0358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT  
666014697

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2007

CONSTANCE COPELAND  
3274 SOFE BREEZE CIRCLE  
W. MELBOURNE, FL 32904

SUBJECT: FAITH CENTER UNITED, INC.  
Ref. Number: N06000007229

→ Please Add Ministries

~~TO READ: (FAITH CENTER UNITED MINISTRIES, INC.)~~

We have received your document for FAITH CENTER UNITED, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The enclosed form is incomplete. Please complete and resubmit for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Document Specialist

Letter Number: 607A00031470

Thank you

ATTACHMENT # N060000007229  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS 66014697

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Faith Center United Ministries, Inc.
2. The principal office address: 3274 Soft Breeze Circle  
W. Melbourne, FL 32904
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N06000007229
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

816 Universe St., N.W.  
Palm Bay, FL 32907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

32 Constance Copeland  
3274 Soft Breeze Circle  
(P.O. Box NOT acceptable)  
W. Melbourne, FL 32904

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Constance Copeland  
(Signature of an officer or director)

Constance Copeland, Officer  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*