

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009948

FILED
Apr 29, 2008
Secretary of State

Entity Name: FAITH WORKS MINISTRY INC

Current Principal Place of Business:

1800 MULBERRY AV
SANFORD, FL 32771

New Principal Place of Business:

1100 WEST 13TH STREET
SANFORD, FL 32771

Current Mailing Address:

1800 MULBERRY AV
SANFORD, FL 32771

New Mailing Address:

P.O. BOX 1256
SANFORD, FL 32772

FEI Number: 20-5590147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MICHAEL
1800 MULBERRY AV
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WALKER, HARLAN
1100 WEST 13TH STREET
SANFORD, FL 32771 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: HARLAN C WALKER

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, MICHAEL J
Address: 1800 MULBERRY AV
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WILLIAMS, NICOLE
Address: 1800 MULBERRY AV
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WILLIAMS, CARRIE
Address: 3102 LAKE JENNIE DR
City-St-Zip: SANFORD, FL 32773

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, HARLAN C
Address: 1100 WEST 13TH STREET
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: WALKER, CAROLYN D
Address: 1100 WEST 13TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: WOODARD, JOE
Address: 2876 NORTH JULIET DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D () Change (X) Addition
Name: SHAFER, CARL
Address: 401 WEST 19TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: PERKINS, OLIVER
Address: 114 SOUTH JESSAMINE AVE
City-St-Zip: SANFORD, FL 32771

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: HARLAN WALKER

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date