

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009948

FILED
Apr 16, 2009
Secretary of State

Entity Name: FAITH WORKS MINISTRY INC

Current Principal Place of Business:

1100 WEST 13TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1256
SANFORD, FL 32772

New Mailing Address:

FEI Number: 20-5590147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, HARLAN
1100 WEST 13TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLINGHAM, WILLIAM
Address: 109 WHEATFIELD CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIZER, TIMOTHY
Address: 1978 FIRESIDE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: PERKINS, OLIVER
Address: 2745 BUNGALOW BLVD.
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 C. WALKER

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date