2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# N06000009948

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: D ( ) Delete
Name: WILLINGHAM, WILLIAM
Address: 109 WHEATFIELD CIRCLE
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: KIZER, TIMOTHY
Address: 1978 FIRESIDE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: PERKINS, OLIVER
Address: 2745 BUNGALOW BLVD.
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T ( ) Change (X) Addition
Name: WILLIAMS, MICHAEL
Address: 15353 GROOSE POINT
City-St-Zip: CLERMONT, FL 34714

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 08/25/2009

Electronic Signature of Signing Officer or Director — Date