

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010883

FILED
Mar 28, 2007
Secretary of State

Entity Name: FAMILY FAITH FELLOWSHIP CORPORATION

Current Principal Place of Business:

225 DANIEL BOONE AVE.
SATSUMA, FL 32189

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771
SATSUMA, FL 32189

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKWALTER, ROBIN
225 DANIEL BOONE AVE.
SATSUMA, FL 32189 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: WILLIAMS, RAYMOND
Address: 108 CASTLE PLACE
City-St-Zip: SATSUMA, FL 32189

Title: V () Delete
Name: CHAVIS, JAMES
Address: 111 N. RAILROAD AVE.
City-St-Zip: POMONA PARK, FL 32181

Title: ST () Delete
Name: BUCKWALTER, ROBIN
Address: 225 DANIEL BOONE AVE.
City-St-Zip: SATSUMA, FL 32189

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN BUCKWALTER

ST

03/28/2007

Electronic Signature of Signing Officer or Director

Date