2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011262

Entity Name: FAITH MINISTRY, INC.

City-St-Zip:

FORT EDWARD, NY 12828

FILED Feb 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2212 GRAND TREE AVE LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 2212 GRAND TREE AVE LAKE MARY, FL 32746 FEI Number: 84-1709090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREEBERN, MILFORD G 2212 GRAND TREE AVE LAKE MARY, FL 32746 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COOPER, CAROLYN Name: Name: 1197 GULF STAR DR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: VC () Delete Title: () Change () Addition Name: IZQUIERDO, SYLVIA D Name: Address: 680 BROOKFIELD LOOP Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: (X) Change () Addition ZOW-JOHNSON, SANDRA Name: SIUDAK, MARJORIE Name: 945 CASCADES PARK TRAIL 210 BAY MEADOW ROAD Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: LONGWOOD, FL 32750 () Delete Title: Title: () Change () Addition Name: FRES, NILDA Name: Address: 348 HANNAH LANE Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition FREEBERN, CLIFFORD J Name: Name: 137 LAMPLIGHTER ACRES Address: Address:

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.

City-St-Zip:

SIGNATURE: MILFORD GENE FREEBERN **PRES** 02/08/2009