

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000638

FILED
May 26, 2008
Secretary of State

Entity Name: FAMILY OF FAITH WORSHIP CENTER, INC.

Current Principal Place of Business:

8005 LAKESIDE WAY
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

8005 LAKESIDE WAY
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 43-2117934 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDRICKS, MARY
8005 LAKESIDE WAY
FORT PIERCE, FL 34951 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: D () Delete
Name: HENDRICKS, EARL W DR
Address: 8005 LAKESIDE WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HENDRICKS, MARY S
Address: 8005 LAKESIDE WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: REED, BRENDA
Address: 3994 SE PLD ST. LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: PLATT, EBONY D
Address: 8005 LAKESIDE WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: CHASON, ROBERT M
Address: 233 SE WELLS DR.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: RUSS, WILLIE J
Address: 1206 N 20TH ST
City-St-Zip: FORT PIERCE, FL 34950

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
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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 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: MARY S. HENDRICKS

D

05/26/2008

Electronic Signature of Signing Officer or Director

Date