

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000638

FILED  
Jun 26, 2012  
Secretary of State

**Entity Name:** FAMILY OF FAITH WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1806 SOUTH 33RD STREET  
FORT PIERCE, FL 34947

**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 ( )**

**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  
Name: HENDRICKS, EARL W DR  
Address: 8005 LAKESIDE WAY  
City-St-Zip: FORT PIERCE, FL 34951

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

Title: O  
Name: REED, BRENDA  
Address: 3994 SE OLD ST. LUCIE BOULEVARD  
City-St-Zip: STUART, FL 34996

Title: O  
Name: SCOTT, FRANCES J  
Address: 1637 SW NEPTUNE AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: MARY S HENDRICKS

D

06/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date