

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003475

FILED
Apr 22, 2008
Secretary of State

Entity Name: GAITS OF FAITH, INC

Current Principal Place of Business:

2120 58 AVE
SUITE 157
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

2120 58 AVE
SUITE 157
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, MARI
2120 58 AVE
SUITE 157
VERO BEACH, FL 32966 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: WATSON, SHERRY
Address: 2120 58 AVE SUITE 157
City-St-Zip: VERO BEACH, FL 32966

Title: VP () Delete
Name: ARNONE, PAMELA S
Address: 2120 58 AVE SUITE 159
City-St-Zip: VERO BEACH, FL 32966

Title: SEC () Delete
Name: BRAC, MELISSA
Address: 2120 58 AVE SUITE 159
City-St-Zip: VERO BEACH, FL 32966

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 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: SHERRY WATSON

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date