

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004369

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAITH INTERNATIONAL MEDIA MINISTRY, INC..

Current Principal Place of Business:

9121 DAMASCUS AVE.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

9121 DAMASCUS AVE.
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 59-3841610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKLE, SHIRLEY A
722 THIRD STREET
POLK CITY, FL 33868 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: MD () Delete
Name: PICKLE, FRANKLIN D BISHOP
Address: 9121 DAMASCUS AVE.
City-St-Zip: POLK CITY, FL 33868

Title: DIR () Delete
Name: D'ABELISO, JOHN PASTOR
Address: 827 PARK TRAIL DRIVE
City-St-Zip: MINEOLA, FL 34715

Title: DIR () Delete
Name: JONES, OBIE PASTOR
Address: 2762 CR 762
City-St-Zip: WEBSTER, FL 33597

Title: DIR () Delete
Name: REEDER, BILL PASTOR
Address: 7920 SUGAR PINE BLVD
City-St-Zip: LAKE LAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: D'ALESIO, JOHN PASTOR
Address: 827 PARK TRAIL DRIVE
City-St-Zip: MINEOLA, FL 34715

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: BISHOP FRANKLIN D. PICKLE

MD

04/30/2008

Electronic Signature of Signing Officer or Director

Date