

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004499

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: FAITH HEROES OF THE WORLD, INC.

## Current Principal Place of Business:

7540 OMNI LANE  
#204  
FORT MYERS, FL 33905

## New Principal Place of Business:

3409 W. 14 STREET  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

7540 OMNI LANE  
#204  
FORT MYERS, FL 33905

## New Mailing Address:

P.O BOX 62005  
FORT MYERS, FL 33906

FEI Number: 14-2005890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMYZER, ROGER  
250 SIESTA LANE  
LARGO, FL 33770 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: PD ( ) Delete  
Name: NOEL, ERONIE  
Address: 3409 14TH ST WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP ( ) Delete  
Name: NOEL, NERLANDE  
Address: 7540 OMNI LANE, APT. 204  
City-St-Zip: FORT MYERS, FL 33905

Title: SEC ( ) Delete  
Name: NOEL, JOSIAS  
Address: 7540 OMNI LANE, APT. 204  
City-St-Zip: FORT MYERS, FL 33905

Title: TR ( ) Delete  
Name: OCONNOR, DEBBIE  
Address: 7540 OMNI LANE, APT. 204  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: SMYZER, ROGER  
Address: 250 SIESTA LANE  
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete  
Name: MOREAU, MOISE  
Address: 2358 DORA ST  
City-St-Zip: FT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NOEL, ERONIE P  
Address: 3409 14TH ST WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

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  
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: ERONIE NOEL

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date