2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N07000005037

Entity Name: FAITH BAPTIST PRESS, INC.

Current Principal Place of Business:

944 DERBY ST
AUURNDALE, FL 33823

New Principal Place of Business:

701B AVE. K SW
WINTER HAVEN, FL 33880

Current Mailing Address:

944 DERBY ST
AUURNDALE, FL 33823

New Mailing Address:

701B AVE. K SW
WINTER HAVEN, FL 33880

FEI Number: 14-1993213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARFIELD, KELLY M SR
902 CRESTVIEW DR
AUBURNDALE, FL 33823 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: PSTD ( ) Delete
Name: BARFIELD, KELLY M SR
Address: P O BOX 1264
City-St-Zip: WINTER HAVEN, FL 33882

Title: V ( ) Delete
Name: BARFIELD, KELLY M SR
Address: P O BOX 1264
City-St-Zip: WINTER HAVEN, FL 33882

Title: D ( ) Delete
Name: DUKE, WAYNE
Address: P O BOX 1264
City-St-Zip: WINTER HAVEN, FL 33882

Title: D ( ) Delete
Name: THOMPSON, CARL W SR
Address: P O BOX 1264
City-St-Zip: WINTER HAVEN, FL 33882

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
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: KELLY M. BARFIELD SR. PSTD 04/27/2009
Electronic Signature of Signing Officer or Director — Date