

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007603

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** FAITH AND POWER WORSHIP CENTER COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

222 N. CASTLEFORD CT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

222 N. CASTLEFORD CT.  
LONGWOOD, FL 32779

**New Mailing Address:**

P. O. BOX 162616  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 26-0795988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHAW, MATTHEW J  
222 N. CASTLEFORD CT.  
LONGWOOD, FL 32779 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 ( ) Delete  
Name: SHAW, MATTHEW J  
Address: 222 N. CASTLEFORD CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SHAW, PAMELA B  
Address: 222 N. CASTLEFORD CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SHAW, JEFFREY M  
Address: 2331 CIMMARON ASH WAY  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete  
Name: SHAW, DOMINICK A  
Address: 324 ALEXANDRIA PLACE DR.  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete  
Name: SHELTON, HOWARD J  
Address: 15545 MARKHAM DR.  
City-St-Zip: CLERMONT, FL 34714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SHELTON, HOWARD J  
Address: 15545 MARKHAM DRIVE  
City-St-Zip: CLERMONT, FL 34714

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: MATTHEW J. SHAW

PRES

04/21/2008

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

\_\_\_\_\_  
Date