2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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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:

222 N. CASTLEFORD CT.
LONGWOOD, FL 32779 US

Current Mailing Address:

P. O. BOX 162616
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

P. O. BOX 162616
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 26-0795988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

Title: T
Name: SHAW, DOMINICK
Address: 324 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: AD
Name: SHAW, DOMINICK A
Address: 324 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW J. SHAW PRES 04/20/2011
Electronic Signature of Signing Officer or Director Date