2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# N08000001701

Entity Name: FAITHFULWORDS, INC.

Current Principal Place of Business:

1171 CAREFREE COVE DR
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1171 CAREFREE COVE DR
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 74-3252131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POLLOCK, DENNIS
1171 CAREFREE COVE DR
WINTER HAVEN, FL 33881 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: DP ( ) Delete
Name: POLLOCK, DENNIS
Address: 1171 CAREFREE COVE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: ST ( ) Delete
Name: BRADLEY, BILLIE
Address: 262 MARY CATHERINE COURT
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: SPELL, D. LEE
Address: 528 QUEENS LOOP N
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: HELM, ROBERT
Address: 147 B COUNTY RD 707
City-St-Zip: ATHENS, TN 37303

Title: D ( ) Delete
Name: BUSADA, CHARLES
Address: 7015 SCENIC DR
City-St-Zip: BLOOMSBURG, PA 17815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: GILMORE, CAROL
Address: 7931 OAK RUN CIRCLE
City-St-Zip: LAKELAND, FL 33809

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: DENNIS POLLOCK DP 09/22/2009

Electronic Signature of Signing Officer or Director — Date