2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N08000004335

Entity Name: FIRST BIBLE FAITH MINISTRY, INC.

Current Principal Place of Business:

10509 LANTANA LAKES DR. NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10509 LANTANA LAKES DR. NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

FIRST BIBLE FAITH MINISTRY
P.O. BOX 54426
JACKSONVILLE, FL 32245

FEI Number: 26-2553921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMONS, WILLIAM
10509 LANTANA LAKES DR. NORTH
JACKSONVILLE, FL 32246 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: C ( ) Delete
Name: SIMONS, WILLIAM
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: MERRIEWETHER, EMERSON D.
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: CRUZ, AARON J.
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: CHANCY, ANDRY
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: ALQUIZAR, CELINA
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: DEJESUS, JAMIE P.
Address: 10509 LANTANA LAKES DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: MR. WILLIAM G. SIMONS PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date