

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000036

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** FAITH COVENANT MINISTRIES FIRE IN MY BONES CHURCH INCORPORATED

**Current Principal Place of Business:**

918 NE 5 TH. AVE.  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

918 NE 5 TH. AVE.  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 27-4527201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PANDOLA, ALFRED  
918 NE 5 TH. AVE.  
CAPE CORAL, FL 33909 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:** P  
**Name:** PANDOLA, ALFRED  
**Address:** 918 NE 5 TH. AVE.  
**City-St-Zip:** CAPE CORLA, FL 33909

**Title:** VP  
**Name:** PANDOLA, CAROL  
**Address:** 918 NE 5 TH. AVE.  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** TRUS  
**Name:** MILEY, JAMES W  
**Address:** 24 WHALEN AVE  
**City-St-Zip:** SICKLERVILLE, NJ 08081

**Title:** TRUS  
**Name:** MILEY, SYLVIA A  
**Address:** 24 WHALEN AVE  
**City-St-Zip:** SICKLERVILLE, NJ 08081

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:** ALFRED PANDOLA

P

04/04/2012

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

\_\_\_\_\_  
Date