

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2007  
Secretary of State**

DOCUMENT# N24486

Entity Name: FAITH FELLOWSHIP, SCHOOL OF THE BIBLE, AND CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

40403 SUNBURST DR.  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

40403 SUNBURST DR.  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 59-2866683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REINKE, JUNE S.  
40403 SUNBURST DR.  
DADE CITY, FL 33525 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: PCT ( ) Delete  
Name: REINKE, JUNE SHELTRONN  
Address: 40403 SUNBURST DR.  
City-St-Zip: DADE CITY, FL

Title: VD ( ) Delete  
Name: REINKE, FREDERIC K., SR.  
Address: 40403 SUNBURST DR.  
City-St-Zip: DADE CITY, FL

Title: S ( ) Delete  
Name: BYLASKA, KATHY R.,  
Address: 39905 SUNBURST DR  
City-St-Zip: DADE CITY, FL 33525

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

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

Title: VD (X) Change ( ) Addition  
Name: REINKE, FREDERICK. S, R.  
Address: 40403 SUNBURST DR.  
City-St-Zip: DADE CITY, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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: REV. JUNE S. REINKE

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

PCT

03/17/2007

\_\_\_\_\_  
Date