

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24486

FILED
Feb 10, 2012
Secretary of State

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 SHELROWN DR.
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: PCTS
Name: REINKE, JUNE SHELROWN DR.
Address: 40403 SUNBURST DR.
City-St-Zip: DADE CITY, FL

Title: VD
Name: REINKE, FREDERICK E. SR.
Address: 40403 SUNBURST DR.
City-St-Zip: DADE CITY, FL

Title: D
Name: FAUGHNAN, LAUREL R.
Address: 39839 SUNBURST DR
City-St-Zip: DADE CITY, FL 33525

Title: D
Name: FAUGHNAN, JOHN B.
Address: 39839 SUNBURST DR
City-St-Zip: DADE CITY, FL 33525

Title: D
Name: PERKINS, KAREN R
Address: 37102 GOLDENROD CT.
City-St-Zip: DADE CITY, FL 33525

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: REV. DR. JUNE SHELROWN REINKE

P

02/10/2012

Electronic Signature of Signing Officer or Director

Date