2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26028

FILED Apr 29, 2008 Secretary of State

Entity Name: FAITH CATHEDRAL CHRISTIAN CENTER INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

8835 64 AVE

WABASSO, FL 32967

Current Mailing Address: New Mailing Address:

P O BOX 1122

FELLSMERE, FL 32948

FEI Number: 65-0288764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MCCOMBS, KENNETH
1229 SCHUMANN DR
121 BRISTOL STREET
SEBASTIAN, FL 32958 US
SEBASTIAN, FL 32958 US

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: 04/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 MCCOMBS, KENNETH,
 Name:
 MCCOMBS, KENNETH,

 Address:
 1229 SCHUMANN DR.
 Address:
 121 BRISTOL STREET

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 SEBASTIAN, FL 32958

 Name:
 MCCOMBS, LE DORA
 Name:
 MCCOMBS, LE DORA

 Address:
 1229 SCHUMANN DR
 Address:
 121 BRISTOL STREET

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 SEBASTIAN, FL 32958

Title: AST () Delete Title: AST (X) Change () Addition

 Name:
 MCCOMBS, SHAMEKA
 Name:
 MCCOMBS, SHAMEKA

 Address:
 1229 SCHUMANN DR.
 Address:
 121 BRISTOL STREET

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 SEBASTIAN, FL 32958

Title: STD () Delete Title: STD (X) Change () Addition

Name:MCCOMBS, KENYATTAName:MCCOMBS, KENYATTAAddress:1229 SCHUMANN DRAddress:130 DAHL AVE

City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete Title: () Change () Addition Name: BIBBS, WILLIE Name:

 Name.
 BIBBS, WILLIE
 Name.

 Address:
 PO BOX 1208
 Address:

 City-St-Zip:
 FELLSMERE, FL 32948
 City-St-Zip:

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name: ALLEN, KIM Name: ALLEN, KIM

 Address:
 4730 40TH AVE # 38
 Address:
 850 DOLORES STREET

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 SEBASTIAN, FL 32958

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: KENNETH MCCOMBS PD 04/29/2008