

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28246

FILED
Apr 24, 2007
Secretary of State

Entity Name: FAITH MEMORIAL CHURCH, INC.

Current Principal Place of Business:

2817 SEMINOLE TRAIL
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

100 SO. DIXIE HWY.
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-2960633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POITER, D L REV.
100 SO. DIXIE HWY.
HALLANDALE, FL 33009 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: PD () Delete
Name: POITER, DAVID L REV
Address: 100 SO. DIXIE HWY.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: CHRISTIAN, CONSTANCE
Address: 10941 ANDREWS ST.
City-St-Zip: LEESBURG, FL 34788

Title: DS () Delete
Name: MOSELY, CLARA J
Address: 201 SO. LAKE ST.
City-St-Zip: LEESBURG, FL 34748

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:

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 D L POITIER

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date