

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

**FILED**

**Jan 31, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N29493**

1. Entity Name  
**FAITH CHAPEL CHURCH OF GOD INC.**



Principal Place of Business  
**232 EAST 8TH ST.  
JACKSONVILLE, FL 32206 US**

Mailing Address  
**PO BOX 3448  
JACKSONVILLE, FL 32206 US**



01282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2919906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, DONALD  
7810 TORY PL. E.  
JACKSONVILLE, FL 32206**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000614221  
02/06/07-80017-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WILLIAMS, DONALD
STREET ADDRESS	7810 TORY PL. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	D
NAME	SCOTT, FAYE
STREET ADDRESS	2529 MYRA ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	D
NAME	WILLIAMS, DONALD
STREET ADDRESS	7810 TORY PL. E.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	D
NAME	KENNEDY, WILLIAM
STREET ADDRESS	8020 OAKWOOD ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Donald Williams* **Donald Williams** **01/28/07 (904) 353-9651**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #