## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29493

FILED Sep 16, 2008 Secretary of State

Entity Name: FAITH CHAPEL CHURCH OF GOD INC.

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

232 EAST 8TH ST.

JACKSONVILLE, FL 32206 US

Current Mailing Address: New Mailing Address:

PO BOX 3448

JACKSONVILLE, FL 32206 US

FEI Number: 59-2919906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAMS, DONALD BERRY, AL

7810 TORÝ PL. E. 755 VAĹLEY FORGE ROAD JACKSONVILLE, FL 32206 US JACKSONVILLE, FL 32208 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: AL BERRY 09/16/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WILLIAMS, DONALD
 Name:
 SCOTT, FAYE MRS

 Address:
 7810 TORY PL. E.
 Address:
 2529 MYRA STREET

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:
 JACKSONVILLE, FL 32209

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

 Name:
 SCOTT, FAYE
 Name:
 KIRKLAND, MARVIN MR

 Address:
 2529 MYRA ST
 Address:
 1182 WEST 13TH STREET

 City-St-Zip:
 JACKSONVILLE, FL
 23209

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

 Name:
 WILLIAMS, DONALD
 Name:

 Address:
 7810 TORY PL E.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

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

 Name:
 KENNEDY, WILLIAM
 Name:

 Address:
 8020 OAKWOOD ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

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: AL BERRY MR 09/16/2008