

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35015

FILED
Apr 14, 2009
Secretary of State

Entity Name: FAITH BIBLE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

3015 HOWLAND BLVD.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

3015 HOWLAND BLVD.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-2980484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDA, BROWN M
1417 NE OLD MILL DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

PRISCILLA, GOLDILLA
504 ROYAL POINCIANA AVNUE
DELAND, FL 32724 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: PRISCILLA GOLDILLA

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEGGETT, MICHAEL
Address: 2303 BELEN DR.
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: LEGGETT, BONNIE
Address: 2303 BELEN DR.
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: BROWN, DAVID
Address: 1417 N.E. OLD MILL DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, DAVID
Address: 1471 N.E. OLD MILL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SANDRA, JOHNSON
Address: 1320 SONNET COURT
City-St-Zip: DELTONA, FL 32738

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: PRISCILLA GOLDILLA

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date