

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37371

FILED
Apr 20, 2009
Secretary of State

Entity Name: CIRCLE OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

6360 COMMERCE ST
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6360 COMMERCE ST
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2998863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCROY, JOSEPH I., SR.
5803 JACK RD.
JACKSONVILLE, FL 32211 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: DP () Delete
Name: MCROY, JOSEPH
Address: 5803 JACK RD.
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: WELLS, JOHNNY
Address: 14662 CHRISTEN D
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT () Delete
Name: WELLS, MARILYN
Address: 14662 CHRISTEN DR NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS () Delete
Name: MCROY, LINDA
Address: 5803 JACK RD.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCROY, JOSEPH
Address: 5803 JACK RD.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: DV (X) Change () Addition
Name: WELLS, JOHNNY
Address: 14662 CHRISTEN D
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DT (X) Change () Addition
Name: WELLS, MARILYN
Address: 14662 CHRISTEN DR NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DS (X) Change () Addition
Name: MCROY, LINDA
Address: 5803 JACK RD.
City-St-Zip: JACKSONVILLE, FL 32277 US

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: MARILYN WELLS

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date