

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37371

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** CIRCLE OF FAITH MINISTRIES COMMUNITY CHURCH, 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  
Name: MCROY, JOSEPH  
Address: 5803 JACK RD.  
City-St-Zip: JACKSONVILLE, FL 32277 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARILYN WELLS

DT

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date