

FILED
Feb 21, 2001 8:00 am
Secretary of State

0060064

DOCUMENT # N41454				Feb 21, 2001 8:00 am			
1. Entity Name FAITH MISSION, INC.				Secretary of State			
				02-21-2001 90006 044 ****61.25			
Principal Place of Business 250 NORTH GULF BLVD. CRYSTAL BEACH FL 34681				Mailing Address 4412 ALLIGATOR DRIVE NEW PORT RICHEY FL 34653			
2. Principal Place of Business P.O. Box 288				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Crystal Beach FL				4. FEI Number 59-0774179		Applied For Not Applicable	
Zip 34681		Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TOUCHTON, JERRY D 4412 ALLIGATOR DR NEW PORT RICHEY FL 34683 34653				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL		Zip Code	
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.							
SIGNATURE Jerry D. Touchton				DATE 02-06-01			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
SD TOUCHTON, JERRY D 4412 ALLIGATOR DRIVE NEW PORT RICHEY FL 34653				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TD CURTIS, ROBERT 668 SAMANTHA DRIVE PALM HARBOR FL 34683				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D FULLER, RICHARD 3770 W. PORCUPINE LN. DUNNELLON FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D FULLER, HELEN 3770 W. PORCUPINE LANE DUNNELLON FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D HUFFMAN, BETTY EARL 3024 GREENLEAF ST ALLENTOWN PA				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P MARKERT, E.L., JR 4025 HARBOR HILLS RD. CHATTANOOGA TN				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry D. Touchton				DATE: 02-06-01 (727) 942-5035			