2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N42909

Entity Name: FAITH COMMUNITY FELLOWSHIP, INC.

Current Principal Place of Business:

FAITH COMMUNITY FELLOWSHIP
3264 TOWNSEND BLVD
JACKSONVILLE, FL 322772751 US

New Principal Place of Business:

Current Mailing Address:

FAITH COMMUNITY FELLOWSHIP
3264 TOWNSEND BLVD
JACKSONVILLE, FL 322772751 US

New Mailing Address:

FEI Number: 59-3054501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN STADEN, DEON
3264 TOWNSEND BLVD.
JACKSONVILLE, FL 32277 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:	PD	( ) Delete
Name:	VAN STADEN, DEON	
Address:	7405 MAPLE TREE DR	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	VPD	( ) Delete
Name:	DILLINGHAM, DENNIS	
Address:	4512 HARTMAN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SD	( ) Delete
Name:	PIERCE, JAMES	
Address:	2752 SAFESHELTER DR W	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TD	( ) Delete
Name:	LEWIS, HERBERT	
Address:	939 MILLARD COURT W	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEON VAN STADEN PD 01/15/2007

Electronic Signature of Signing Officer or Director — Date