

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 07, 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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: BENAVIDEZ, RICARDO
Address: 2041 PLANTATION DR
City-St-Zip: JACKSONVILLE, FL 32211**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: DUPONT, PHILLIP
Address: 4661 CONFEDERATE OAKS DR
City-St-Zip: JACKSONVILLE, FL 32210

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: DEON VAN STADEN

PD

08/07/2007

Electronic Signature of Signing Officer or Director

Date