2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47757

FILED Mar 08, 2006 Secretary of State

Entity Name: THE FAITH WESLEYAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

582 PLANTATION DRIVE MIDDLEBURG, FL 320686867

Current Mailing Address: New Mailing Address:

PO BOX 65190 ORANGE PARK, FL 32065

FEI Number: 59-3024921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLIERE, STEPHEN
373 LOS PALMAS DRIVE
ORANGE PARK, FL 32003 US

VALLIERE, STEPHEN
373 LOS PALMAS DRIVE
ORANGE PARK, FL 32003 US

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: STEPHEN VALLIERE 03/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LUNDY, JAMES
 Name:
 HENKE, RON

 Address:
 1182 SURREY GLEN ROAD
 Address:
 P.O. BOX 1393

City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD () Delete Title: TD (X) Change () Addition Name: COWARD, MIKE THIBODEAUX, SUSAN

Address: 5472 GORDON CT Address: 2487 QUAIL ROOST ROAD
City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete Title: D (X) Change () Addition

 Name:
 POTEAT, GARY,
 Name:
 DELL, JOHN

 Address:
 P.O. BOX 1618 N/A
 Address:
 8700 SOUTHSIDE BLVD. #1411

City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete Title: () Change () Addition Name: JOHNSON, GAIL Name:

 Name:
 JOHNSON, GAIL
 Name:

 Address:
 1731 HOWARD COURT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 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: GAIL JOHNSON SD 03/08/2006