


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90006 038 ****61.25

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| DOCUMENT # N47757 | |  |
| 1. Entity Name THE FAITH WESLEYAN CHURCH, INC. | | |

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| Principal Place of Business 582 PLANTATION DRIVE MIDDLEBURG, FL 32068-6867 | Mailing Address PO BOX 65190 ORANGE PARK, FL 32065 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40043187



03232007 Chg-NP CR2E037 (12/06)

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|---|--|--|
| 4. FEI Number 59-3024921 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| VALLIERE, STEPHEN 373 LOS PALMAS DRIVE ORANGE PARK, FL 32003 | | Name John Dell Street Address (P.O. Box Number is Not Acceptable) 8700 Southside Boulevard #1411 City Jacksonville FL Zip Code 32256 | |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John F. Dell DATE 3/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HENKE, RON P.O. BOX 1393 KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD THIBODEAUX, SUSAN 2487 QUAIL ROOST ROAD MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Diana Dell 8700 Southside Boulevard #1411 Jacksonville, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DELL, JOHN 8700 SOUTHSIDE BLVD. #1411 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandy Slate 1995 Teal Lane Middleburg, FL 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOHNSON, GAIL 1731 HOWARD COURT ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gail Johnson DATE 3/24/07 (904) 269-5671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #