2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2007 90006 038 ****61 24

DOCUMENT # N47757 1. Entity Name THE FAITH WESLEYAN CHURCH, INC.						03-28-2007	90006 038 *****	51.25
Principal Place of Business 582 PLANTATION DRIVE MIDDLEBURG, FL 32068-6867 Mailing Address PO BOX 65190 ORANGE PARK, FL 3206			065	,	·	043187) BIBN BIBN BIBN BIBN BIBN BIBN	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-3024		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate o	f Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent	`	I	7. Name and A	Address of New R	legistered Agent	
			-	Name .T.	shn Dell			
VALLIERE, STEPHEN 373 LOS PALMAS DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
ORANGE PARK, FL 32003			-	8700 Southside Boulevard				
				#1411				
The above named entity submits this statement for the purpose of changing its required.				City Jackson ville FL 32256				
	ions of registered agent.	Jo/2	F. 1	Delc		i, in the State of Pk	$\frac{\sqrt{2}}{\sqrt{2}}$	and accept
_	Clarette heart or printer thems of registered ager	Y and title if emplicable (NOT	F. Renkterer	d Anent sinneture re	enuired when reinstation)		DATE	
	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered	d Agent signature re	equired when reinstating)		DATE	······································
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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, Rorida 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: _

SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

(904) 269-5671