2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47757

FILED Apr 06, 2008 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:

DELL, JOHN 8700 SOUTHSIDE BOULEVARD #1411

#1411 JACKSONVILLE, FL 32256 US 477 LAKE ASBURY DRIVE GREEN COVE SPRINGS, FL 32043 US

ALLEN, MICHAEL

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: MICHAEL ALLEN 04/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: HENKE, RON Name:

 Address:
 P.O. BOX 1393
 Address:

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

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

 Name:
 DELL, DIANA
 Name:
 HARMESON, REBECCA

 Address:
 8700 SOUTHSIDE BOULEVARD #1411
 Address:
 543 JIMBAY DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 ORANGE PARK, FL 32073

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

 Name:
 SLATE, SANDY
 Name:

 Address:
 1995 TEAL LANE
 Address:

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

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 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 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 04/06/2008