

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47757

FILED
Mar 04, 2009
Secretary of State

Entity Name: THE FAITH WESLEYAN CHURCH, INC.

Current Principal Place of Business:

582 PLANTATION DRIVE
MIDDLEBURG, FL 320686867

New Principal Place of Business:

Current Mailing Address:

PO BOX 65190
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3024921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, MICHAEL
477 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043 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: P () Delete
Name: HENKE, RON
Address: P.O. BOX 1393
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD () Delete
Name: HARMESON, REBECCA
Address: 543 JIMBAY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: SLATE, SANDY
Address: 1995 TEAL LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD () Delete
Name: JOHNSON, GAIL
Address: 1731 HOWARD COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PITTMAN, LOIS
Address: 2214 EAGLES HAMMOCK BLVD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

03/04/2009

Electronic Signature of Signing Officer or Director

Date