


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50303</b> 1. Entity Name FAITH HOPE AND CHARITY, INC.		
Principal Place of Business 2518 MITCHELL STREET MIMS, FL 32754 US	Mailing Address 2930 JEFFERSON ST MIMS, FL 32754 US	



04232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3168022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCCRARY, JACQUELYN 2930 JEFFERSON ST. MIMS, FL 32754	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCRARY, JACQUELYN 2930 JEFFERSON ST MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCRARY, WILLIE JOE 2930 JEFFERSON ST MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUMMERS, RACHEL 1835 FAIRLANE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, EARLENE 8725 WELLESLEY LAKE RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMPBELL, DENISE 3078 SIR HAMILTON CIR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000738854  
05/14/07-80001-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Jacquelyn McCrary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07  
Date

321-403-8003  
Daytime Phone #

321-269-3563