## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jul 19, 2004 8:00 am Secretary of State DOCUMENT # N50379 1. Entity Name 07-19-2004 90016 050 \*\*\*\*61.25 FAITH FELLOWSHIP CHURCH OF SANFORD, INC. Principal Place of Business Mailing Address 1607 S SANFORD AVENUE 1607 S SANFORD AVENUE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State Applied For City & State 4. FEI Number 59-2399111 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent eller Arlene SLOAN, THOMAS O 1607 S. SANFORD AVE Street Address (P.O. Box Number is Not Acceptable SANFORD FL 32771 Zip Code City 32771 antord 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE LITZENBERG, LESTER ,, NAME NAME 405 ORANGE AVENUE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHNSON, BOOBY NAME 2001 PALMETTO AVENUE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP . . --- ---Addition ☐ Oelete TITLE Change SLOAN, THOMAS O Keller, Arlene NAME 501 Power Ra. 2450 MELLÖNVILLE AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP Sanford, CITY-ST-7IP 32771 ΑŤ ☐ Change ☐ Addition TITLE ☐ Delete TITLE CORLEY, KAREN NAME NAME 970 LEMON BLUFF RD STREET ANDRESS STREET ADDRESS OSTEEN FL 32764 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE SHARP, DAVID NAME NAME **401 ORANGE AVENUE** STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Arlene Keller

**FILED** 

407-322