2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50670

FILED Jul 08, 2008 Secretary of State

Entity Name: FAITH CHRISTIAN CHURCH OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

303 N. MYRTLE AVE. 303 N. MYRTLE AVE.

CLEARWATER, FL 34615 CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

PO BOX 8564

CLEARWATER, FL 33758 US

FEI Number: 59-3305826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICK, CHAMPLIN CHAMPLIN, NICHOLAS C REV. 2356 VARSITY DR. 2356 VARSITY DR.

CLEARWATER, FL 33765 US CLEARWATER, FL 33765 US

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: NICHOLAS CHAMPLIN 07/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CHAMPLIN, NICK, Name: CHAMPLIN, NICHOLAS C REV.

Name: CHAMPLIN, NICK, Name: CHAMPLIN, NICHOLAS C REV.
Address: 2356 VARSITY DR Address: 2356 VARSITY DR

City-St-Zip: CLEARWATER, FL 33765 US

Title: SD () Delete Title: SD (X) Change () Addition Name: CHAMPLIN, KATHY Name: CHAMPLIN, KATHY A

 Name:
 CHAMPLIN, KATHY
 Name:
 CHAMPLIN, KATHY A

 Address:
 2356 VARSITY DR
 Address:
 2356 VARSITY DR

City-St-Zip: CLEARWATER, FL 33765 US

Title: TD () Delete Title: TD (X) Change () Addition Name: HAUMSCHILD, JIM Name: BURCHARD, TERRY

 Address:
 6464 49TH AVE N
 Address:
 2932 MAGNOLIA TRACE

 City-St-Zip:
 ST PETE, FL 33709
 City-St-Zip:
 TARPON SPRINGS, FL 34685 US

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

 Name:
 Name:
 SPAN, MARTIN, JR

 Address:
 Address:
 9297 86TH AVE N

 City-St-Zip:
 City-St-Zip:
 SEMINOLE, FL 33777 US

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: NICHOLAS CHAMPLIN PD 07/08/2008