2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000488

FILED Feb 23, 2009 Secretary of State

Entity Name: FAITH-HOPE-LOVE-CHARITY, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3175 S C0 STE #304	ONGRESS AVI	E				
	RINGS, FL 33	461 US				
Current Mailing Address:			New Maili	New Mailing Address:		
3175 S C0 STE #304	ONGRESS AVI	E				
	RINGS, FL 33	461 US				
FEI Numbe	r: 65-0464807	FEI Number Applied	For () FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	d Address of (Current Registered	Agent: Name and	Address of New Registered Agent:		
3175 S. C SUITE 30	RTZ, HOWARD CONGRESS AV 14 PRINGS, FL 33	Æ				
	e named entity te of Florida.	submits this stateme	nt for the purpose of changing i	its registered office or registered agent, or both,		
SIGNATU	JRE:					
	Electro	nic Signature of Reg	stered Agent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CLAY, SANJEN 407 MICHIGAN		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FOSTER, ROY 3836 COLLINV		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SMITH, IRA 3836 COLLINV) Delete WOOD LANE BEACH, FL 33406	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STEVEN, BUR 408 RIGHT HO		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ERIC, PRYWITOWSKI 9773 SW STONGATE DRIVE PORT ST.LUCIE, FL 34487		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	FOSTER, TAIR 3836 COLLINV		Title: Name: Address: City-St-Zip:	() Change () Addition		

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: ROY J. FOSTER DIR 02/23/2009