

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 22, 2009
Secretary of State

DOCUMENT# N94000003452

Entity Name: FAITH INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**3755 N. PACE BLVD
PENSACOLA, FL 32505**New Principal Place of Business:****Current Mailing Address:**PO BOX 17122
PENSACOLA, FL 325227122 US**New Mailing Address:****FEI Number:** 59-3224880**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FORNEY, LARRY N
3289 WINDMILL CIRCLE
CANTONMENT, FL 32533 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:** PD () Delete
Name: FORNEY, LARRY
Address: 3289 WINDMILL CIRCLE
City-St-Zip: CANTONMENT, FL 32533 US**Title:** STR () Delete
Name: STEPHENSON, RAYMONDE
Address: 1404 E LEONARD ST
City-St-Zip: PENSACOLA, FL 32501**Title:** VD () Delete
Name: FORNEY, DEBORAH
Address: 3289 WINDMILL CIRCLE
City-St-Zip: CANTONMENT, FL 32533**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: DURANT, WILLIE
Address: 5902 DENVER AVENUE
City-St-Zip: PENSACOLA, FL 32526**Title:** D () Change (X) Addition
Name: GRANDBERRY, RITA
Address: 4409 ELLYSEE WAY
City-St-Zip: PENSACOLA, FL 32505**Title:** D () Change (X) Addition
Name: MORRIS, WALSTEIN
Address: 2030 MARQUESAS LANE
City-St-Zip: PENSACOLA, FL 32506

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: LARRY N. FORNEY

PD

09/22/2009

Electronic Signature of Signing Officer or Director

Date