

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N94000003753**

1. Entity Name  
**FAITH CHURCH OF GOD, INC.**



**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1611 N.W. 38TH AVENUE  
LAUDERHILL, FL 33313**

Mailing Address  
**1611 N.W. 38TH AVENUE  
LAUDERHILL, FL 33313**



01102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0524676</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PARKES, MARJORIE  
13784 69TH ST N  
WEST PALM BEACH, FL 33412**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000045969  
02/11/04-80083-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKES, KEITH 13784 69 ST N WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKES, MARJORIE 13784 69 ST N WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPENZELLER, JOYCE 2850 SUNRISE LAKES DR., BLDG R APT 307 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTEN, EULALEE 232 N.E. 26TH ST. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BUCKLEY, GEORGE 14 ANN LEE LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *KEITH PARKES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/04* *784 739 0934*  
Date Daytime Phone #