

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90160 041 \*\*\*\*61.25

<b>DOCUMENT # N94000003753</b> 1. Entity Name FAITH CHURCH OF GOD, INC.					
Principal Place of Business 1609 NW 38TH AVE LAUDERHILL, FL 33311			Mailing Address 1609 NW 38TH AVE LAUDERHILL, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0524676				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARKES, MARJORIE 13784 69TH ST N WEST PALM BEACH, FL 33412			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	EDWARDS, IMOGENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARKES, KEITH		NAME	5030 NW 16th COURT	
STREET ADDRESS	13784 69 ST N		STREET ADDRESS	LAUDERHILL, FL 33313	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARKES, MARJORIE		NAME	MINS, JASMINE	
STREET ADDRESS	13784 69 ST N		STREET ADDRESS	224 SAN REMO BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	APPENZELLER, JOYCE		NAME	GARDENER, CHARMAINE	
STREET ADDRESS	2850 SUNRISE LAKES DR., BLDG R APT 307		STREET ADDRESS	11190 NW 34th COURT	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTEN, EULALEE		NAME		
STREET ADDRESS	232 N.E. 26TH ST.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKLEY, GEORGE		NAME		
STREET ADDRESS	14 ANN LEE LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Keith Parkes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/1/06</i> <small>Daytime Phone #</small>		