


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90065 040 ****70.00

DOCUMENT # N94000004564 1. Entity Name CHURCH OF FAITH - FULL GOSPEL MINISTRIES, INC.					
Principal Place of Business 5743 BENEY RD JACKSONVILLE, FL 32216 US			Mailing Address 7260 CRESCENT OAKS CT. JACKSONVILLE, FL 32277 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, VERONICE L 7260 CRESENT OAKS COURT JACKSONVILLE, FL 32277				Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, KATHY A	NAME			
STREET ADDRESS	5645 NESBITT LANE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVERQUE, VERA	NAME			
STREET ADDRESS	3912 NESBITT LANE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322771678	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, VERONICA	NAME			
STREET ADDRESS	7260 CRESENT OAKS COURT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, FREDDIE L	NAME			
STREET ADDRESS	7260 CRESCENT OAKS CT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, JERRY	NAME			
STREET ADDRESS	401 MONUMENT RD # 237	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIEL, EVELYN	NAME			
STREET ADDRESS	3911 ST. ISABEL DR. E.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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: <i>Veronice L. Williams</i> <i>Veronice L. Williams</i>		Date: 4/11/05		Daytime Phone #: (904)-743-0548	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					