


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent WILLIAMS, VERONICE L 7260 CRESENT OAKS COURT JACKSONVILLE, FL 32277		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 reissuing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, KATHY A 5645 NESBITT LANE JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERQUE, VERA 3912 NESBITT LANE JACKSONVILLE, FL 322771678	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VERONICA 7260 CRESENT OAKS COURT JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FREDDIE L 7260 CRESCENT OAKS CT JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, JERRY 401 MONUMENT RD # 237 JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
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.		
SIGNATURE: <u>Veronice L. Williams</u> 3/15/06 (904) 743-0545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3264247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE