

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004564

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHURCH OF FAITH - FULL GOSPEL MINISTRIES, INC.

Current Principal Place of Business:

5743 BENEY RD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

7260 CRESCENT OAKS CT.
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: 59-3264247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, VERONICE L
7260 CRESENT OAKS COURT
JACKSONVILLE, FL 32277 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: D () Delete
Name: THOMAS, KATHY A
Address: 5645 NESBITT LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: LAVERQUE, VERA
Address: 3912 NESBITT LANE
City-St-Zip: JACKSONVILLE, FL 322771678

Title: D () Delete
Name: WILLIAMS, VERONICA
Address: 7260 CRESENT OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: WILLIAMS, FREDDIE L
Address: 7260 CRESCENT OAKS CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: FIELDS, JERRY
Address: 401 MONUMENT RD # 237
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAVERNGE, VERA
Address: 3912 NESBITT LANE
City-St-Zip: JACKSONVILLE, FL 322771678

Title: D (X) Change () Addition
Name: WILLIAMS, VERONICE
Address: 7260 CRESENT OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FIELDS, JERRY
Address: 1749 W. 2ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: VERONICE L. WILLIAMS

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date