

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003685

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** FAITH CHURCH OF GOD IN CHRIST INC.

**Current Principal Place of Business:**

3605 53RD ST  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARION QUARTERMAN  
3802 55 ST.  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-3362454      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

QUARTERMAN, MARION  
3802 55 ST.  
TAMPA, FL 33619 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/T ( ) Delete  
Name: QUARTERMAN CRAWFORD, MARION  
Address: 3802 55 ST.  
City-St-Zip: TAMPA, FL 33619

Title: T ( ) Delete  
Name: ROOSEVELT, CRAWFORD,  
Address: 3711 E. NORTH BAY  
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete  
Name: QUARTERMAN, JOHNN,  
Address: 3201 DERAY DR  
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete  
Name: QUARTERMAN, BETHA M  
Address: 211 E. START FORD ST.  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: PALMORE, WILLIE C  
Address: 3802 55TH ST.  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: MARION QUARTERMAN, CRAWFORD

D/T

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date