


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N96000002217	
1. Entity Name FAITH CHRISTIAN MINISTRIES, INC.	

Principal Place of Business 2386 DUMFRIG CT E ORANGE PARK, FL 32065 US	Mailing Address 2386 DUMFRIG CT E ORANGE PARK, FL 32065 US
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04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444037	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BONO, LOUIS M 2386 DUMFRIES CT E. ORANGE PARK, FL 32065

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONO, LOUIS M 2386 DUMFRIES COURT E ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOND, RAUDALL E 1029 VALLEY DR. NW CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT WALSH, GERALD S 2532 PARK ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES S 11517 BIRCH FOREST CIR. E JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, LAURA 8635 STANMOOR CT. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-800006-012 70.00

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IN THIS SPACE**

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:

Louis M. Bono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 *904757 4521*
Date Daytime Phone #