

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002217

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FAITH CHRISTIAN MINISTRIES, INC.

## Current Principal Place of Business:

2386 DUMFRIG CT E  
ORANGE PARK, FL 32065 US

## New Principal Place of Business:

## Current Mailing Address:

2386 DUMFRIG CT E  
ORANGE PARK, FL 32065 US

## New Mailing Address:

FEI Number: 59-3444037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BONO, LOUIS M  
2386 DUMFRIES CT E.  
ORANGE PARK, FL 32065 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: PD ( ) Delete  
Name: BONO, LOUIS M  
Address: 2386 DUMFRIES COURT E  
City-St-Zip: ORANGE PARK, FL

Title: VT ( ) Delete  
Name: BOND, RAUDALL E  
Address: 1029 VALLEY DR. NW  
City-St-Zip: CANTON, OH 44720

Title: STT ( ) Delete  
Name: WALSH, GERALD S  
Address: 2532 PARK ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: HARRIS, JAMES S  
Address: 11517 BIRCH FOREST CIR. E  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete  
Name: COLEMAN, LAURA  
Address: 8635 STANMOOR CT.  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: BOND, RAUDALL E  
Address: 1029 VALLEY DR. NW  
City-St-Zip: CANTON, OH 44720

Title: SD (X) Change ( ) Addition  
Name: WALSH, GERALD S  
Address: 2532 PARK ST.  
City-St-Zip: JACKSONVILLE, FL 32204

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: LOUIS M BONO

PD

04/27/2007

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

\_\_\_\_\_  
Date