

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000004015

1. Entity Name

FAITH MINISTRIES, INC.



FILED

Feb 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

515 WINDSOR STREET
LAKELAND FL 33803

Mailing Address

515 WINDSOR STREET
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3406828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRIER, GORDON D
515 WINDSOR STREET
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PT
CARRIER, GORDON REV
515 WINDSOR STREET
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MURDOCH, JODY
402 MAGGIE CIRCLE JAN PHYLL VILLAGE
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
PARKER, PATRICIA
1011 SPIRIT LAKE ROAD
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TT
KIEPER, JEAN
435 MATHEW ST
HAINES CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000031776 ☐ Change ☐ Addition
02/04/04-80162-007 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rev. Gordon Carrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 863-686-3746