

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004015	
1. Entity Name FAITH MINISTRIES, INC.	

Principal Place of Business 515 WINDSOR STREET LAKELAND FL 33803	Mailing Address 515 WINDSOR STREET LAKELAND FL 33803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3406828	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRIER, GORDON D 515 WINDSOR STREET LAKELAND FL 33803
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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 time if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

U00000412644
02/10/06-80056-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 line empowered.

REV. GORDON CARRIER

8/2-18/37