


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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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04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3406828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

CARRIER, GORDON D
515 WINDSOR STREET
LAKELAND, FL 33803

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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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000921038 05/14/08-80066-026 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CARRIER, GORDON REV 515 WINDSOR STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURDOCH, JODY 402 MAGGIE CIRCLE JAN PHYLL VILLAGE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PARKER, PATRICIA 1011 SPIRIT LAKE ROAD WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT KIEPER, JEAN 435 MATHEW ST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Rev. Gordon D. Carrier* **4-21-8** **863-486-3746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #