

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004255

FILED
Apr 29, 2005
Secretary of State

Entity Name: NOW FAITH MINISTRIES, INC.

Current Principal Place of Business:

602 MCCLELLAND ST.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
PAXTON, FL 325380188

New Mailing Address:

FEI Number: 59-3431215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, NELSON
795 FLOWERSVIEW BLVD
LAUREL HILL, FL 32567 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: TDP () Delete
Name: WILLIAMS, NELSON
Address: 795 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILLS, FL 32567

Title: TDVS () Delete
Name: WILLIAMS, LAURETTA
Address: 795 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: BROWN, LIGAYA
Address: 795 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILL, FL 32567

Title: TDT () Delete
Name: WILLIAMS, CLEOLA
Address: 808 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: BROWN, TAKIESH
Address: 795 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: WILLIAMS, SAMUEL
Address: 808 FLOWERSVIEW BLVD
City-St-Zip: LAUREL HILL, FL 32567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: NELSON WILLIAMS

TDP

04/29/2005

Electronic Signature of Signing Officer or Director

Date