

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90022 015 ****61.25



DOCUMENT # N96000004970
 1. Entity Name
FAITH BIBLE CHURCH OF PORT ST. JOE, FLORIDA, INC.

Principal Place of Business Mailing Address
 801 20TH STREET 801 20TH STREET
 PORT ST. JOE FL 32456 PORT ST. JOE FL 32456



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-1648475** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHISOLM, MICHAEL R
801 20TH STREET
PORT ST. JOE FL 32456

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, BILL R |
| STREET ADDRESS | 1802 MARVIN AVE |
| CITY-ST-ZIP | PORT ST JOE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHISHOLM, MICHAEL R |
| STREET ADDRESS | 1106 LONG AVE |
| CITY-ST-ZIP | PORT ST. JOE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GODFREY, ELMORE |
| STREET ADDRESS | 209 16TH STREET |
| CITY-ST-ZIP | PORT ST. JOE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DOOLITTLE, BERT |
| STREET ADDRESS | 401 14TH ST |
| CITY-ST-ZIP | PORT ST JOE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | QUARLES, JACKIE |
| STREET ADDRESS | 2103 CONSTITUTION DRIVE |
| CITY-ST-ZIP | PORT ST JOE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ALLYN, BILL |
| STREET ADDRESS | 510 WELDON DRIVE |
| CITY-ST-ZIP | PORT ST JOE FL |

| | |
|----------------|--|
| TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VICTOR RAMOS |
| STREET ADDRESS | 2682 INDIAN PASS RD. |
| CITY-ST-ZIP | PORT ST. JOE, FL 32456 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 like empowered.

SIGNATURE: *Michael R. Chisolm* **MICHAEL R. CHISOLM** 2/2/08 850-229-6708