## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004970

FILED Feb 03, 2009 Secretary of State

Entity Name: FAITH BIBLE CHURCH OF PORT ST. JOE, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 801 20TH STREET PORT ST. JOE, FL 32456 **Current Mailing Address: New Mailing Address:** 801 20TH STREET PORT ST. JOE, FL 32456 FEI Number: 59-1648475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHISOLM, MICHAEL R 801 20TH STREET PORT ST. JOE, FL 32456 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete RAMOS, VICTOR WASHABAUGH, DON Name: Name: 2682 INDIAN PASS RD Address: 139 BETTY DRIVE Address: City-St-Zip: PORT SAINT JOE, FL 32456 City-St-Zip: PORT SAINT JOE, FL 32456 Title: Title: (X) Change ( ) Addition ( ) Delete CHISHOLM, MICHAEL R Name: CHISHOLM, MICHAEL R Name: Address: 1106 LONG AVE Address: 1106 LONG AVE City-St-Zip: PORT ST. JOE, FL City-St-Zip: PORT ST. JOE, FL 32456 Title: () Delete Title: (X) Change ( ) Addition GODFREY, ELMORE ROGERS, MICHAEL Name: Name: 209 16TH STREET Address: Address: 121 BRIDGEPORT LANE City-St-Zip: PORT ST. JOE. FL City-St-Zip: PORT ST. JOE. FL 32456 Title: ( ) Delete Title: (X) Change ( ) Addition DOOLITTLE, BERT Name: Name: TAYLOR, RICK 1401 CONSTITUTION DRIVE Address: 401 14TH ST Address: City-St-Zip: PORT ST JOE, FL City-St-Zip: PORT ST JOE, FL 32456 Title: () Delete Title: () Change () Addition QUARLES, JACKIE Name: Name: 2103 CONSTITUTION DRIVE Address: Address: City-St-Zip: PORT ST JOE, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition ALLYN, BILL Name: Name: Address: 510 WELDON DRIVE Address: PORT ST JOE, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL R. CHISHOLM RA 02/03/2009