2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 4M

ANNUAL R	EPORT		į ·		4, 2005	
DOCUMENT # N9600000512	26]	Se	cretary	of State
1. Entity Name FIRST ASSEMBLY FAITH FELLOWSHIF	P INC.					
Principal Place of Business M	lailing Address					
	10326 SE CR 2082 Gainesville, FL 32641					
GAMMESVILLE SZO41	MINESVILLE, FE 32041			R fille Siff bein Helf es	iri Pelli Weldi Pries tielk	(twee selling of 1984)
-m		. , ,				
		02102005	No Chg-NP	CR2E037 (10)/03)	
DO NOT WRITE IN THIS SPA		CE	4. FEI Numbe			Applied For
			59-340		\$8.7	Not Applicable 5 Additional
6. Name and Address of Current Regis	tered Agent	;;	5. Cennicate	of Status Desired		quired
	ACCOUNTED	f 	-			
JONES, WILLIE L SR. 10326 SE CR 2082	DO NOT WRITE					
GAINESVILLE, FL 32641		1	IN 7	THIS SF	PACE	
			ŕ		,	
The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its rogister	ed office or register	ed agent, or but	th, in the State of Flo	onda i am familiar	with, and accept
SIGNATURE			1			¥.
Signature, typed or printed name of registered agent and title	if applicable (NOTE Registere	d_Agent_signature required	when remstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finar Trust Fund Contribution		.00 May Be ed to Fees			
10. OFFICERS AND DIRECT	CTORS	1				
NAME ADAMS, TINA		Ì				
STREET ADDRESS 1409 SE 19TH TERR CITY-ST-ZIP GAINESVILLE, FL 32641				, ,		
INU D		i				
STRETT ADDRESS 10326 SE CR 2082		Į.		00000 0 -200210ch	1230306 80038-010	20 :00
CITY-ST-ZIP GAINESVILLE, FL 32641	·			05/10/00	60020 010	(0.00
NAME ARCHIE, SHARON		ł			,	
STREET ADDRESS 10326 SE CR 2082 CITY-ST-ZIP GAINESVILLE, FL 32641	- . ·	ľ	DO	NOT W	RITE	
THE T]	IN .	THIS SI	PACE	
NAME MACON, DENISE STREET ADDRESS 1600 N.E. 12TH AVE LOT 16		}				
CITY-SI-ZIP GAINESVILLE, FL 32609	معرب بودي	Į				
NAME WILLIAM, NATISHA		_				
STREET ADDRESS 1600 S.W. 20TH APT A6 CITY-ST-ZIP GAINESVILLE, FL 32641	-					
TITLE T		,				
NAME COBBS, RUSSELL STREET ADDRESS 411 SE 4TH ST				_		w
CITY-ST-ZIP GAINESVILLE_FL 32641	Employee 195 for 19					
12. Thereby certify that the information supplied with this fill indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all	ing does not qualify for the exel and accurate and that my signat do exocute this report as requir other like employered	inpuon stated in Sec iure shall have the s red by Chapter 617	ction 119.07(3)(i same legal effec , Florida Statute	 Horida Statutes. as if made under one and that my name 	i turther certify that bath, that I am an d e appears in Block	ine information fficer or director 10 or Block 11 if
SIGNATURE:	1/00	SOL			,	