


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005126 1. Entity Name FIRST ASSEMBLY FAITH FELLOWSHIP INC.	
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Principal Place of Business SE 27TH ST GAINESVILLE, FL 32641	Mailing Address 10326 SE CR 2082 GAINESVILLE, FL 32641
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JONES, WILLIE L SR. 10326 SE CR 2082 GAINESVILLE, FL 32641	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, TINA 1409 SE 19TH TERR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIE L SR 10326 SE CR 2082 GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIE, SHARON 10326 SE CR 2082 GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACON, DENISE 1600 N.E. 12TH AVE LOT 16 GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, NATISHA 1600 S.W. 20TH APT A6 GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COBBS, RUSSELL 411 SE 4TH ST GAINESVILLE, FL 32641

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02/15/05-80038-010 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____