

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005126

FILED
Feb 06, 2009
Secretary of State

Entity Name: FIRST ASSEMBLY FAITH FELLOWSHIP INC.

Current Principal Place of Business:

SE 27TH ST
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

10326 SE CR 2082
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3409051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIE L SR.
10326 SE CR 2082
GAINESVILLE, FL 32641 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: T () Delete
Name: ADAMS, TINA
Address: 1409 SE 19TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: JONES, WILLIE L SR
Address: 10326 SE CR 2082
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ARCHIE, SHARON
Address: 10326 SE CR 2082
City-St-Zip: GAINESVILLE, FL 32641

Title: T () Delete
Name: MACON, DENISE
Address: 1600 N.E. 12TH AVE LOT 16
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: WHITAKER, ROSE
Address: 1900 S.W. 4TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: T () Delete
Name: FORD, BLEA
Address: 2263 NE 4 AVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARCHIE-JONES, SHARON
Address: 10326 SE CR 2082
City-St-Zip: GAINESVILLE, FL 32641

Title: T (X) Change () Addition
Name: ADAMS, ROBERT L
Address: 1409 SE 19TH TERR.
City-St-Zip: GAINESVILLE, FL 32641

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

Title: T (X) Change () Addition
Name: FORD, TALEA
Address: 2263 NE 4 AVE
City-St-Zip: GAINESVILLE, FL 32609

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: SHARON ARCHIE-JONES

D

02/06/2009

Electronic Signature of Signing Officer or Director

Date