

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006089

FILED
Apr 30, 2009
Secretary of State

Entity Name: FULL OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

2509 NORTH MAIN STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2509 NORTH MAIN STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3415736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATS, DARRELL L
2957 BRIGHT EAGLE DR
JACKSONVILLE, FL 32226 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: VD () Delete
Name: COATS, DARRELL L
Address: 2957 BRIGHT EAGLE DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: SMITH, BERTHA
Address: 12836 PINE BURR LW
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD () Delete
Name: COATS, GENNELL L
Address: 2957 BRIGHT EAGLE DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: GETTIS, DAVID
Address: 2828 PAIGTON COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: SMITH, GARY
Address: 12836 PINE BURR L W
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: COATS, BREONA B
Address: 2957 BRIGHT EAGLE DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: GENNELL COATS

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date