2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000249

FILED Apr 02, 2005 Secretary of State

Entity Name: FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2974 HARTLEY ROAD WEST 2974 HARTLEY ROAD WEST C/O H W W JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 **New Mailing Address: Current Mailing Address:** C/O MICHAEL CLARKE 2974 HARTLEY ROAD WEST 11659 DUNES WAY DR. N. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32225 FEI Number: 59-3419817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CLARKE, MICHAEL H HOLLIS, AUSTIN O 11659 DÚNES WAY DR N 2974 HARTLEY ROAD WEST US JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32257 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: AUSTIN HOLLIS JR. 04/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition CLARKE, MICHAEL H Name: Name: 11659 DUNES WAY DR. N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: HOLLIS, AUSTIN O JR Name: Address: 3224 JULINGTON CK RD Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: PD () Delete Title: () Change () Addition BARKET, THOMAS Name: Name: 9179 BAY COVE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUSTIN O HOLLIS JR. VD 04/02/2005