

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 26, 2004 8:00 am  
Secretary of State**

02-26-2004 90008 036 \*\*\*\*70.00

**DOCUMENT # N97000004453**

**1. Entity Name**  
FAITH IN CHRIST BY GOD, INC.



**Principal Place of Business**  
900 S. CENTRAL AVE  
APOPKA, FL 32703

**Mailing Address**  
P. O. BOX 1973  
APOPKA, FL 32704



**2. Principal Place of Business**  
900 S. Central Ave.  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 1973  
Suite, Apt. #, etc.

01252004 Chg-NP CR2E037 (10/03)

**City & State**  
Apopka, Florida  
**Zip**  
32703  
**Country**  
USA

**City & State**  
Apopka, Florida  
**Zip**  
32704  
**Country**  
USA

**4. FEI Number**  
59-3465840  
**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SIMS, GREGORY C  
565 MARDEN MEADOWS DRIVE  
APOPKA, FL 32703

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** T ☐ Delete  
**NAME** SIMS, GREGORY C PASTOR  
**STREET ADDRESS** 565 MARDEN MEADOWS DR  
**CITY-ST-ZIP** APOPKA, FL 32703

**TITLE** T ☐ Delete  
**NAME** SIMS, THOMAS L  
**STREET ADDRESS** 5108 W. LIVINGSTON ST  
**CITY-ST-ZIP** ORLANDO, FL 32811

**TITLE** T ☐ Delete  
**NAME** JACKSON, GAIL  
**STREET ADDRESS** 5537 WESTHAVEN COURT  
**CITY-ST-ZIP** ORLANDO, FL 32810

**TITLE** T ☐ Delete  
**NAME** SIMS, MARY  
**STREET ADDRESS** 5108 WEST LIVINGSTON STREET  
**CITY-ST-ZIP** ORLANDO, FL 32811

**TITLE** T ☐ Delete  
**NAME** SIMS, BERTHA  
**STREET ADDRESS** 565 MARDEN MEADOWS DR  
**CITY-ST-ZIP** APOPKA, FL 32703

**TITLE** T ☐ Delete  
**NAME** CONSUELO, THOMAS  
**STREET ADDRESS** 549 MARDEN MEADOWS DRIVE  
**CITY-ST-ZIP** APOPKA, FL 32703

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Gregory C. Sims*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

407-814-8515

Daytime Phone #