

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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



04102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SIMS, GREGORY C PASTOR
STREET ADDRESS	565 MARDEN MEADOWS DR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	T
NAME	SIMS, THOMAS L
STREET ADDRESS	5108 W. LIVINGSTON ST
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	T
NAME	MALDONADO, WANDA
STREET ADDRESS	26 THRUSH ST
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	T
NAME	SIMS, MARY
STREET ADDRESS	5108 WEST LIVINGSTON STREET
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	T
NAME	SIMS, BERTHA
STREET ADDRESS	565 MARDEN MEADOWS DR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	T
NAME	CONSUELO, THOMAS
STREET ADDRESS	549 MARDEN MEADOWS DRIVE
CITY-ST-ZIP	APOPKA, FL 32703

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05/06/06-80056-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Gregory C. Sims 4/15/06 407)814-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #