

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90204 041 ****70.00

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



40083234

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

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



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465840	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIMS, GREGORY C
~~565 MARDEN MEADOWS DRIVE~~ **313 E. Ella Gilmore**
APOPKA, FL 32703

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, GREGORY C PASTOR 565 MARDEN MEADOWS DR 313 E. Ella Gilmore APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, THOMAS L 5108 W. LIVINGSTON ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, WANDA 26 THRUSH ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, MARY 5108 WEST LIVINGSTON STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, BERTHA 565 MARDEN MEADOWS DR 313 E. Ella Gilmore APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONSUELO, THOMAS 549 MARDEN MEADOWS DRIVE APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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** 4/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
814-8515