

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004453

FILED  
Mar 10, 2011  
Secretary of State

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

**Current Principal Place of Business:**

900 S. CENTRAL AVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1973  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:** 59-3465840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIMS, GREGORY C  
313 E. ELLA J. GILMORE  
APOPKA, FL 32703 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: T  
Name: SIMS, GREGORY C PASTOR  
Address: 313 E. ELLA J. GILMORE  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: SIMS, THOMAS L  
Address: 5108 W. LIVINGSTON ST  
City-St-Zip: ORLANDO, FL 32811

Title: T  
Name: MALDONADO, WANDA  
Address: 26 THRUSH ST  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: SIMS, MARY  
Address: 5108 WEST LIVINGSTON STREET  
City-St-Zip: ORLANDO, FL 32811

Title: T  
Name: SIMS, BERTHA  
Address: 313 E. ELLA J. GILMORE  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: CONSUELO, THOMAS  
Address: 549 MARDEN MEADOWS DRIVE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: GREGORY C. SIMS

PAST

03/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date