

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 036 ****70.00

DOCUMENT # N97000005228

1. Entity Name

CHRISTIAN FAITH CHURCH, INC.



Principal Place of Business

1020 TROPICAL DRIVE
BRADENTON FL 34208

Mailing Address

1020 TROPICAL DRIVE
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0827473

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, FREDERICK D
1020 TROPICAL DR.
BRADENTON FL 34208

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DT	<input type="checkbox"/> Delete
NAME	HALL, DOROTHEA	
STREET ADDRESS	6320 11ST CT EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JACKSON, TESS	
STREET ADDRESS	3755 40TH LANE SOTU APT #34-E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, INGA	
STREET ADDRESS	4022 ROYAL PALM AVE. 3611 28th st. ct. east	
CITY-ST-ZIP	SARASOTA FL 34234 Bradenton, Fla. 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLENWOOD, FERN	
STREET ADDRESS	2211 2ND AVE. EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAIN, NICOLE	
STREET ADDRESS	501 20TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAITERS, BARBARA	
STREET ADDRESS	2313 19ST EAST	
CITY-ST-ZIP	BRADENTON FL 34208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT/IC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Jackson	
STREET ADDRESS	1020 Tropical Drive	
CITY-ST-ZIP	Bradenton, Fla. 34208	to this list
TITLE	DN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arndreal Jackson	
STREET ADDRESS	1020 Tropical Drive	to this list
CITY-ST-ZIP	Bradenton, Fla. 34208	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frederick D Jackson* Frederick D. Jackson 4/1/05 (941) 741-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #