

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90008 006 \*\*\*\*70.00

<b>DOCUMENT # N97000005228</b> 1. Entity Name <b>CHRISTIAN FAITH CHURCH, INC.</b>						
Principal Place of Business 1020 TROPICAL DRIVE BRADENTON, FL 34208				Mailing Address 1020 TROPICAL DRIVE BRADENTON, FL 34208		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>Christian Faith Church, Inc.</i> <i>P.O. Box 21248</i> City & State <i>Bradenton, Fla.</i> Zip <i>34204</i> Country <i>USA</i>				
City & State		4. FEI Number <b>65-0827473</b>		Applied For <input type="checkbox"/> Not Applicable		
Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02182006    Chg-NP    CR2E037 (11/05)		
6. Name and Address of Current Registered Agent  <b>JACKSON, FREDERICK D</b> <b>1020 TROPICAL DR.</b> <b>BRADENTON, FL 34208</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, DOROTHEA 6320 11ST CT EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Frederick D. Jackson 1020 Tropical Drive Bradenton Fla. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACKSON, TESS 3755 40TH LANE SOTU APT #34-E SAINT PETERSBURG, FL 33711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Arndreal L. Jackson 1020 Tropical Drive Bradenton Fla. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, INGA 3611 28TH ST CT EAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laurel Selver 4202 East Fowler Ave. HAH5324 Tampa, Fla. 33620	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLENWOOD, FERN 2211 2ND AVE. EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAIN, NICOLE 501 20TH AVE WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITERS, BARBARA 2313 19ST EAST BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE:</b> <i>Frederick D. Jackson</i> <i>Frederick D. Jackson, 2/19/06, 941-741-8175</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>						