


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90025 011 ****70.00

DOCUMENT # N97000005228 1. Entity Name CHRISTIAN FAITH CHURCH, INC.					
Principal Place of Business 1020 TROPICAL DRIVE BRADENTON, FL 34208			Mailing Address CHRISTIAN FAITH CHURCH, INC. PO BOX 21248 BRADENTON, FL 34204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 65-0827473	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, DOROTHEA 6320 11ST CT EAST 2606 49th Drive East BRADENTON, FL 34203 <i>34264</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laurel Selver 13506 Avalon Heights Blvd APT 501C Tampa, Fla 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACKSON, TESS 2755 40TH LANE 50TH APT #345 SAINT PETERSBURG, FL 33711 <i>5211 Jersey Ave 50. Gulfport, Fla 33707</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD Arnold Jackson 1020 Tropical Drive Bradenton Fla 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, FREDERICK D 1020 TROPICAL DRIVE BRADENTON, FL 34208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Inga Williams 3611 28th St East Bradenton Fla 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLENWOOD, FERN 2211 2ND AVE. EAST PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAIN, NICOLE 501 20TH AVE WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITERS, BARBARA 2313 19ST EAST BRADENTON, FL 34208		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Frederick Jackson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-13-08 (941) 741-8175 <small>Date Daytime Phone #</small>		