



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90299 039 ****70.00

DOCUMENT # N97000006181 1. Entity Name FAITH CONGREGATIONAL CHURCH, INC.					
Principal Place of Business 2199 SW SAVONA BLVD. PORT SAINT LUCIE, FL 34953				Mailing Address 2199 SW SAVONA BLVD. PORT SAINT LUCIE, FL 34953	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0824324	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEALY, GARY 481 SW WHITMORE DR PORT SAINT LUCIE, FL 34984 <i>William J. Salter</i>				7. Name and Address of New Registered Agent Name Salter, William Street Address (P.O. Box Number is Not Acceptable) 1502 SW Bellevue Ave. City Port Saint Lucie FL Zip Code 34953	
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 <u>William J. Salter</u> SALTER DATE 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DV SALTER, WILLIAM 1502 SW BELLEVUE AVE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Salter, William 1502 SW Bellevue Ave Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, WILLIAM 2394 SW COOPER LANE PORT SAINT LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dolan, Gladys 896 SW Nichols Terrace Port Saint Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEALY, GARY 481 SW WHITMORE DR PORT SAINT LUCIE, FL 34984	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pecho, Rich 1213 B NW Bentley Circle Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOUNG, YONDA 830 SW COLLEGE PARK RD PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Riley, David 4918 NW Flinstone Avenue Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEPSHIELD, RON 1919 SW BEAUREGARD ST PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Knepschild, Ron 1919 SW Beauregard St Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNTEN, JEANNE 1855 SW NANTUCKET AVE PORT SAINT LUCIE, FL 34953	<input checked="" 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 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: <u>William J. Salter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-15-05 Daytime Phone: 772-879-6155		