2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006181

Entity Name: FAITH CONGREGATIONAL CHURCH, INC.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Busines

2199 SW SAVONA BLVD. PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

2199 SW SAVONA BLVD. PORT SAINT LUCIE, FL 34953

FEI Number: 65-0824324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

KNEPSHIELD, RON RILEY, DAVID

1919 SW BEAUREGARD STREET 2199 SW SAVONA BLVD

PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34953 US

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: DAVID RILEY 02/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: KNEPSHIELD, RON Name: RILEY, DAVID

Address: 1919 SW BEAUREGARD STREET Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT () Delete Title: DT (X) Change () Addition Name: BENNETT, KAREN Name: VOLKART, DIANE

Address: 1466 SW SANTIAGO AVE Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DOLAN, GLADYS
 Name:
 DOLAN, GLADYS

 Address:
 896 SW NICHOLS TERR
 Address:
 2199 SW SAVONA BLVD

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT ST LUCIE, FL 34953

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RILEY, DAVE
 Name:
 GRAEPEL, WILIAM

 Address:
 5753 NW ESAU AVE
 Address:
 2199 SW SAVONA BLVD

 City-St-Zip:
 PORT ST LUCIE, FL 34986
 City-St-Zip:
 PORT ST LUCIE, FL 34953

Title: DV (X) Delete Title: () Change () Addition

 Name:
 ANDRADE, BOB
 Name:

 Address:
 5426 NW EDGEWATER AVE
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34983
 City-St-Zip:

Title: DS (X) Delete Title: () Change () Addition

 Name:
 SALTER, BILL
 Name:

 Address:
 1502 SW BELLEVUE AVE
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID RILEY PD 02/10/2007