2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# N97000006181

Entity Name: FAITH CONGREGATIONAL CHURCH, INC.

Current Principal Place of Business:

2199 SW SAVONA BLVD.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2199 SW SAVONA BLVD.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

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

Name and Address of Current Registered Agent:

RILEY, DAVID
2199 SW SAVONA BLVD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DOLAN, GLADYS
2199 SW SAVONA BLVD
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: GLADYS DOLAN 01/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RILEY, DAVID
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT ( ) Delete
Name: VOLKART, DIANE
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: DOLAN, GLADYS
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: GRAEPEL, WILIAM
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DOLAN, GLADYS
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHIRICHELLO, KAREN
Address: 2199 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GLADYS DOLAN PD 01/30/2008
Electronic Signature of Signing Officer or Director Date