2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N97000006471

Entity Name: FARSIGHT CHRISTIAN MISSION, INC.

Current Principal Place of Business:

741 WILLOW GROVE TERR
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

741 WILLOW GROVE TERR
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0797586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADER, ROBERT L ESQ.
1901 W CYPRESS CREEK RD, STE 415
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	POWERS, KENNETH	
Address:	5560 SW 8 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33317	
Title:	DV	( ) Delete
Name:	STOBAUGH, WILLIAM	
Address:	660 RED CLAY PARK SW	
City-St-Zip:	CLEVELAND, TN 37311	
Title:	DT	( ) Delete
Name:	HALSTEAD, PAUL	
Address:	8223 PROVINCIAL CIRCLE S.	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	BEHRENBERG, CARLA	
Address:	3341 NW 97TH TER	
City-St-Zip:	SUNRISE, FL 33351	
Title:	DS	( ) Delete
Name:	CURRY, PATRICIA	
Address:	1030 CANYON CREEK RD	
City-St-Zip:	WATKINSVILLE, GA 30677	
Title:	DP	( ) Delete
Name:	HALSTEAD, LEVERN L	
Address:	741 WILLOW GROVE TERRACE	
City-St-Zip:	DAVIE, FL 333256392	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LEVERN HALSTEAD PRES 01/05/2007

Electronic Signature of Signing Officer or Director — Date