

DOCUMENT # N97000007133

1. Entity Name  
SPIRIT OF FAITH FELLOWSHIP, INC.

Principal Place of Business      Mailing Address  
3312 60TH AVE WEST      3312 60TH AVE WEST  
BRADENTON FL 34207      BRADENTON FL 34207

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
GALIANO, JAMES A  
3312 60TH AVE WEST  
BRADENTON FL 34207

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.  
SIGNATURE James A. Galiano President      01-05-01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, JAMES A	NAME	
STREET ADDRESS	3312 60TH AVE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, HOLLY A	NAME	
STREET ADDRESS	3312 60TH AVE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, CAROL R	NAME	
STREET ADDRESS	3302 VIVENDA BLVD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: James A. Galiano      01-05-01      941-751-4645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90066 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)