

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000527

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAITH HEALTH CLINIC, INC.

Current Principal Place of Business:

4182 BALTZELL STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P O BOX 796
MARIANNA, FL 32447

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEARINGEN, GLENDA F
4431 LAFAYETTE STREET
MARIANNA, FL 32446 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: TP () Delete
Name: ANDEM, EFIONG DR.
Address: 4461 BROAD ST.
City-St-Zip: MARIANNA, FL 32446

Title: BMD () Delete
Name: HUDSON, ETTA T
Address: 2357 YOUDON LANE
City-St-Zip: BONIFAY, FL 32425

Title: BMD () Delete
Name: HYLES, FRANK DR
Address: 4598 FOREST PARK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: BDM () Delete
Name: HOFF, ROBERT DR
Address: 3085 WATSON DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: RUSSELL, RAMONA
Address: 2371 HWY 73
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: WILLIS, DEBORAH
Address: 974 VIEW DR.
City-St-Zip: ALFORD, FL 32420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDEM, EFIONG DR.
Address: 4461 BROAD STREET
City-St-Zip: MARIANNA, FL 32446

Title: VP (X) Change () Addition
Name: PRESCOTT, LARUE O
Address: 4664 SHANKLE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: BDM (X) Change () Addition
Name: ANDEM, EMMA
Address: 4461 BROAD STREET
City-St-Zip: MARIANNA, FL 32446

Title: TREA (X) Change () Addition
Name: BARBER-REHBERG, GRACE
Address: 4911 DONNA DRIVE
City-St-Zip: MARIANNA, FL 32448

Title: BDM (X) Change () Addition
Name: RUSSELL, RAMONA
Address: 2371 HWY 73
City-St-Zip: MARIANNA, FL 32446

Title: BDM (X) Change () Addition
Name: WILLIS, VAN DR
Address: 974 VIEW DRIVE
City-St-Zip: ALFORD, FL 32420

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. EFIONG O. ANDEM

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date