

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # N98000000527	
1. Entity Name FAITH HEALTH CLINIC, INC.	

Principal Place of Business 4182 BALTZELL STREET MARIANNA FL 32446	Mailing Address P O BOX 796 MARIANNA FL 32447
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWEARINGEN, GLENDA F 4431 LAFAYETTE STREET MARIANNA FL 32446	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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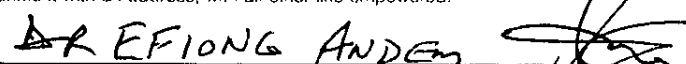
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/7/08

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PRES ANDEM, EFIONG DR. 4461 BROAD STREET MARIANNA FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VP PRESCOTT, LARUE O 4664 SHANKLE DRIVE MARIANNA FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete BDM ANDEM, EMMA 4461 BROAD STREET MARIANNA FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete TREA BARBER-REHBERG, GRACE 4911 DONNA DRIVE MARIANNA FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete BDM RUSSELL, RAMONA 2371 HWY 73 MARIANNA FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete BDM WILLIS, VAN DR 974 VIEW DRIVE ALFORD FL 32420

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 03/27/08-80011-008 01:25 000000854503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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.	
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SIGNATURE: 	DATE: 3/7/08
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