2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N98000000527

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:	PRES	( ) Delete
Name:	ANDEM, EFIONG DR.	
Address:	4461 BROAD STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	VP	( ) Delete
Name:	PRESCOTT, LARUE O	
Address:	4664 SHANKLE DRIVE	
City-St-Zip:	MARIANNA, FL 32446	
Title:	BDM	( ) Delete
Name:	ANDEM, EMMA	
Address:	4461 BROAD STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	TREA	( ) Delete
Name:	BARBER-REHBERG, GRACE	
Address:	4911 DONNA DRIVE	
City-St-Zip:	MARIANNA, FL 32448	
Title:	BDM	( ) Delete
Name:	RUSSELL, RAMONA	
Address:	2371 HWY 73	
City-St-Zip:	MARIANNA, FL 32446	
Title:	BDM	( ) Delete
Name:	WILLIS, VAN DR	
Address:	974 VIEW DRIVE	
City-St-Zip:	ALFORD, FL 32420	

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 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: DR. EFIONG ANDEM PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date