


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90173 040 ****70.00

DOCUMENT # N98000000979 1. Entity Name FAITH LINEN SERVICE, INC.					
Principal Place of Business 119 WEST 8TH ST. JACKSONVILLE, FL 32206			Mailing Address 119 WEST 8TH ST. JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3585439	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA, LILLIAN 119 WEST 8TH ST. JACKSONVILLE, FL 32206				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>Lillian Garcia</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/28/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, RICHARD 3500 UNIV. BLVD. N #1401 JACKSONVILLE, FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stone, Teresa 3500 Univ. Blvd., N #1401 Jacksonville, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERLIHY, TOM - vacant 8889 SANBUSHY AVE., S JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, JOY - 8183 FT. CAROLINE RD. JACKSONVILLE, FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Deborah Lundy 1182 Surrey Glenn Rd. Middleburg, FL 32068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, EVELINA P.O. BOX 54 WELAKA, FL 32193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LILLIAN 119 WEST 8TH ST. JACKSONVILLE, FL 32206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, TERRY E - this was error 1627 LAKEWOOD RD. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, Donna 736 Tamerlane St. Deltona, FL 32725	
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: <u>[Signature]</u> DATE <u>4/28/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					