

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000979

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: FAITH LINEN SERVICE, INC.

**Current Principal Place of Business:**

7576 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

7576 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-3585439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARCIA, LILLIAN  
7576 SAN JOSE BLVD  
JACKSONVILLE, FL 32217 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: PD  
Name: STONE, RICHARD  
Address: 3500 UNIV. BLVD. N #1401  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D  
Name: STONE, TERESA  
Address: 3500 UNIV. BLVD., N. #1401  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD  
Name: LUNDY, DEBORAH  
Address: 1182 SURREY GLENN ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD  
Name: WILSON, EVELINA  
Address: P.O. BOX 54  
City-St-Zip: WELAKA, FL 32193

Title: D  
Name: GARCIA, LILLIAN  
Address: 7576 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: COLLINS, DONNA  
Address: 736 TAMERIANE ST.  
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN GARCIA

DIR

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date