


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002898</b> 1. Entity Name FAITH FELLOWSHIP ACADEMY INC	
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Principal Place of Business 2820 BUSINESS CENTER BLVD. MELBOURNE, FL 32940-7103	Mailing Address 2820 BUSINESS CENTER BLVD. MELBOURNE, FL 32940-7103
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3508421	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WILLIAMS, KEITH R 3125 W. NEW HAVEN AVE. W. MELBOURNE, FL 32904	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, STEPHEN 3936 SPARROW HAWK RD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOY, ANN 524 LACOSTA CT MELBOURNE, FL 329401916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, CARISSA 2820 BUSINESS CENTER BLVD. MELBOURNE, FL 329407103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80072-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b> <i>Carissa Kay Reynolds</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>4/11/2007</i> Daytime Phone #
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JAN 09 2007 321-259-7200

*Academy*