2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N98000003421

Entity Name: FAITH INITIATIVE TEAM, INC.

Current Principal Place of Business:

363 MIRACLE STRIP PKWY. SW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

363 MIRACLE STRIP PKWY. SW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3510953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRY, WILLIAM R
363 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548 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:	CD	( ) Delete
Name:	HOOPER, PATRICIA S	
Address:	6843 WATER ST.	
City-St-Zip:	NAVARRE, FL 32566	
Title:	MD	( ) Delete
Name:	SAMSON, JONATHAN D	
Address:	428 RACETRACK RD NE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	VD	( ) Delete
Name:	TERRY, WILLIAM R	
Address:	363 MIRACLE STRIP PKWY SW	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	TD	( ) Delete
Name:	FRESHOUR, CINDY	
Address:	5127 EASTLAND ST.	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	SD	( ) Delete
Name:	BOGAR, NELLIE	
Address:	328 CURCACAO WAY	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	THIRSK, PHYLLIS	
Address:	428 RACETRACK RD. NE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

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 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 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: PATRICIA S. HOOPER CD 04/22/2004

Electronic Signature of Signing Officer or Director — Date