


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90038 013 ****61.25

DOCUMENT # N99000002249	
1. Entity Name FAITH FOUNDATION OF CENTRAL FLORIDA, INC.	

Principal Place of Business P.O. BOX 677458 ORLANDO, FL 32867-7458	Mailing Address P.O. BOX 677458 ORLANDO, FL 32867-7458
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3579615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHALM, RENO 12939 MARIBOU CIRCLE ORLANDO, FL 32828		Name SCHALM, RENO Street Address (P.O. Box Number is Not Acceptable) 12030 MOCCASIN CT City ORLANDO FL Zip Code 32828	

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 RENO SCHALM, DIRECTOR Reno Schalm 3-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALM, RENO 12939 MARIBOLL CIR ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHALM, RENO 12030 MARIB MOCCASIN CT ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JIM 481 12TH AVE. NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, JIM 6679 WILLOW LAKE CIRCLE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, JOHN S 4236 QUANDO DR ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, CLARENCE 5830 TRINITY LN ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERMEY, TIM 1352 CHARLOTTE STREET ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Reno Schalm RENO SCHALM 3/21/05 407 249 1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #