

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002249

FILED
Apr 26, 2007
Secretary of State

Entity Name: FAITH FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 677458
ORLANDO, FL 328677458

New Principal Place of Business:

12030 MOCCASIN CT
ORLANDO, FL 32828

Current Mailing Address:

P.O. BOX 677458
ORLANDO, FL 328677458

New Mailing Address:

FEI Number: 59-3579615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALM, RENO
12030 MOCCASIN CT
ORLANDO, FL 32828 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: D () Delete
Name: SCHALM, RENO
Address: 12030 MOCCASIN CT
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: WILLIAMS, JIM
Address: 6679 WILLOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: MCLEOD, JOHN S
Address: 4236 QUANDO DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: VANDERMEY, TIM
Address: 1352 CHARLOTTE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALANIZ, VIRGINIA
Address: 1230 CARLSON DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80919

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 exemption stated 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 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: RENO SCHALM

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date