

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90154 017 ****61.25

DOCUMENT # N99000003347					
1. Entity Name NOW FAITH PENTECOSTAL CHURCH OF JESUS, INCORPORATED					
Principal Place of Business 5221 LAKE SPARLING ROAD ORLANDO, FL 32818			Mailing Address 7205 HIGHLAKE DRIVE ORLANDO, FL 32818		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3576979	
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		
CRAWFORD, LONNIE J 7205 HIGHLAKE DRIVE ORLANDO, FL 32818			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, LONNIE J <input type="checkbox"/> Delete 7205 HIGH LAKE DR ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAWFORD, LARRY L <input type="checkbox"/> Delete 6213 RMYTHM BLVD ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIMES, JACKIE <input type="checkbox"/> Delete 3363 WALLER PLACE ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, BONNIE <input type="checkbox"/> Delete 6213 RHYTHM BLVD ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORSEY, RICO <input checked="" type="checkbox"/> Delete 1666 CAMBRIDGE VILLAGE CT OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Danny Santos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2128 Suehaven Dr Orlando, Fla. 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, JENNIFER <input type="checkbox"/> Delete 4474 GOLDENRAIN COURT ORLANDO, FL 32808		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: <i>Lonnie J Crawford</i>			4/7/05 407-298-4847		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		