2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003347

FILED Apr 10, 2009 Secretary of State

Entity Name: NOW FAITH PENTECOSTAL CHURCH OF JESUS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3919 ROSEWOOD WAY ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** P.O. BOX 680216 ORLANDO, FL 32868 OR FEI Number: 59-3576979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAWFORD, LONNIE J 1414 JECENIA BLOSSOM DR. APOPKA, FL 32712 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRAWFORD, LONNIE J Name: Name: 1414 JECENIA BLOSSOM DR. Address: Address: City-St-Zip: APOPKA, FL 32712 OR City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition CRAWFORD, LARRY L Name: CRAWFORD, LARRY L Name: Address: 6213 RHYTHM BLVD Address: 1042 HUNTER AVE. City-St-Zip: ORLANDO, FL 32808 OR City-St-Zip: ORLANDO, FL 32804 OR Title: VPD () Delete Title: () Change () Addition JOHNSON, MARY L Name: Name: 3252 SHADY WILLOW DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32808 OR City-St-Zip: (X) Change () Addition Title: TD () Delete Title: TD Name: CRAWFORD, BONNIE Name: CRAWFORD, SHARON 6213 RHYTHM BLVD 1414 JECENIA BLOSSOM DR. Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change () Addition JUSTICE, BETH Name: Name: 4626 OAK HAVEN DR. APT. 106 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIBSON, BRITTANY J GIBSON BRITTANY J Name: Name: Address: 5108 FOUTH ST. Address: 6213 RHYTHM BLVD. ORLANDO, FL 32810 ORLANDO, FL 32808 City-St-Zip: 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: LONNIE J. CRAWFORD PD 04/10/2009