2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006202

Entity Name: NEW CHURCH OF FAITH, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5000 SILVER STAR RD. ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 5000 SILVER STAR RD. ORLANDO, FL 32808 FEI Number: 59-3605592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEACHAM, DAVID S JR 4170 ROSÉ PETAL LANE ORLANDO, FL 32808 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: () Change () Addition () Delete BEACHAM, DAVID S JR Name: Name: 4170 ROSE PETAL LANE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MADISON, EARL Name: MIDDLETON, GLORIA Address: 521 EATON ST Address: 746 APPLETON PLACE City-St-Zip: EATONVILLE, FL 32751 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change () Addition MARTIN, WENDELL Name: Name: 7818 HAWK CREST LANE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition MIDDLETON, CLINTON SR Name: Name: 746 APPLETON PLACE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition VALENTINE, MYRON Name: Name: 510 SUNCREST CT. Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition BEACHAM, PATRICIA E Name: Name: Address: 4170 ROSE PETAL LANE Address: ORLANDO, FL 32808 City-St-Zip: 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: GLORIA MIDDLETON D 04/29/2004