


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90119 001 ****70.00

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| DOCUMENT # N99000006648 1. Entity Name FAITH HOSANNA WORSHIP CENTER, INC. |  |
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| Principal Place of Business 9301 SOUTH ORANDE BLOSSOM TRAIL ORLANDO, FL 32837 | Mailing Address 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 |
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| 2. Principal Place of Business 2945 Smithfield Dr. Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Orlando, FL | City & State |
| Zip 32837 | Country USA |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE ORLANDO, FL 32837 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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. | |
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| Filing Fee is \$61.25 Due by September 7, 2005 | |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 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 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FAGAN, VINCENT G 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 <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 | VD FAULKNO, ERNOLD 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 <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 | ST ATKINS, ENID 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 <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 FAGAN, OPAL L 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 <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 FAULKNO, PAMELA 2945 SMITHFIELD DRIVE ORLANDO, FL 32837 <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 |

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| 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. | |
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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 7/1/05 | Daytime Phone # 407-859-4488 |
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07012005 Chg-NP CR2E037 (10/03)