2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2005
Secretary of State

DOCUMENT# N99000007573

Entity Name: CENTER OF FAITH CHURCH, INC.

Current Principal Place of Business:

698 MARTIN STREET
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 192
APOPKA, FL 32704

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, JAMES
1917 PALM VISTA DR.
APOPKA, FL 32712 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: HICKS, JAMES
Address: 1917 PALM VISTA DR.
City-St-Zip: APOPKA, FL

Title: T ( ) Delete
Name: HICKS, ALICE L
Address: 1917 PALM VISTA DR.
City-St-Zip: APOPKA, FL

Title: T ( ) Delete
Name: BRIGHT, GLADYS D
Address: 1109 PARK GREEN PL.
City-St-Zip: WINTER PARK, FL

Title: T ( ) Delete
Name: ADKINS, SHARON
Address: 180 W CLEAVLAND ST
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: HICKS, JAMES A
Address: 1917 PALM VISTA DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JAMES HICKS D 01/30/2005

Electronic Signature of Signing Officer or Director — Date