


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 039 ***150.00

DOCUMENT # P01000110480	
1. Entity Name FAITH ENTERPRISES OF BAY COUNTY, INC.	

Principal Place of Business 803 TENNESSEE AVE. LYNN HAVEN, FL 32444	Mailing Address 803 TENNESSEE AVE. LYNN HAVEN, FL 32444
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2. Principal Place of Business 1233 DUNDEE LANE Suite, Apt. #, etc.	3. Mailing Address 1233 DUNDEE LANE Suite, Apt. #, etc.
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City & State LYNN HAVEN, FL	City & State LYNN HAVEN, FL
Zip 32444	Country USA



04052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BROMLOW, TRACY L 803 TENNESSEE AVE. LYNN HAVEN, FL 32444	
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4. FEI Number 01-0561079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1233 DUNDEE LANE City LYNN HAVEN FL Zip Code 32444	

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 Tracy L Bromlow DATE 4-6-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROMLOW, BOBBY M 803 TENNESSEE AVENUE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1233 DUNDEE LANE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BROMLOW, TRACY L 803 TENNESSEE AVENUE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1233 DUNDEE LANE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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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

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 607, 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: Tracy L Bromlow DATE 4-6-05 DAYTIME PHONE # 850-872-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR