

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03292

FILED
Apr 24, 2007
Secretary of State

Entity Name: FAITH FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 16426
6961 SOLOMON RD
JACKSONVILLE, FL 32245

New Principal Place of Business:

6015 EAST MORROW STREET
115
JACKSONVILLE, FL 32217

Current Mailing Address:

PO BOX 16426
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 58-1484041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAHAM, DRUCILLA L
6961 SOLOMON RD
JACKSONVILLE, FL 32234 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: PD () Delete
Name: GRAHAM, DRUCILLA L
Address: 6961 SOLOMON RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: VD () Delete
Name: ROBBINS, PAULA,
Address: 2111 BIRCH BARK DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD () Delete
Name: RAGSDALE, CAROL,
Address: 157 BURNSIDE ST APT A
City-St-Zip: JONESBORO, GA 30236

Title: D () Delete
Name: WILTON C. SANDERS, A, TTY.
Address: 6100 LAKE FORREST DRIVE N.W.
City-St-Zip: ATLANTA, GA 30328

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:

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: DRUCILLA L. GRAHAM

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date