

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03292

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FAITH FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

9770 BAYMEADOWS ROAD  
139  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

3390 KORI ROAD  
4A  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 16426  
JACKSONVILLE, FL 32245

**New Mailing Address:**

3390 KORI ROAD  
4A  
JACKSONVILLE, FL 32257

**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  
Name: GRAHAM, DRUCILLA L  
Address: 6961 SOLOMON RD  
City-St-Zip: JACKSONVILLE, FL 32234

Title: VSTD  
Name: ROBBINS, PAULA G  
Address: 2111 BIRCH BARK DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: OLIVAREZ, REBECCA  
Address: 12207 CAPTIVA BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D  
Name: MCLAUGHLIN, KAREN D  
Address: 8793 LONESOME PINE TRAIL  
City-St-Zip: FORT PIERCE, FL 34945

I hereby 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 all other like empowered.

**SIGNATURE:** DRUCILLA L. GRAHAM

PD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date