

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096067

FILED
Apr 28, 2008
Secretary of State

Entity Name: FAITH HOME CARE SERVICES, INC.

Current Principal Place of Business:

9411 THORN GLEN ROAD SOUTH
JACKSONVILLE, FL 32208

New Principal Place of Business:

9411 THORN GLEN ROAD
JACKSONVILLE, FL 32208

Current Mailing Address:

9411 THORN GLEN ROAD SOUTH
JACKSONVILLE, FL 32208

New Mailing Address:

9411 THORN GLEN ROAD
JACKSONVILLE, FL 32208

FEI Number: 38-3763384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARY L
9411 THORN GLEN ROAD SOUTH
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

BROWN, MARY L
9411 THORN GLEN ROAD
JACKSONVILLE, FL 32208 US

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: MARY L. BROWN

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, MARY L
Address: 9411 THORN GLEN ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32208 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, MARY L
Address: 9411 THORN GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32208 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. BROWN

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date