


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 032 ****70.00

DOCUMENT # N03000003784

1. Entity Name
FAITH CORNERSTONE CHURCH MINISTRY, INC.



Principal Place of Business
**4550 MT. PLEASANT RD.
 QUINCY, FL 32352**

Mailing Address
**P. O. BOX 75
 QUINCY, FL 32353**

2. Principal Place of Business
5460 Collins Chapel Road
 Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 518
 Suite, Apt. #, etc.

City & State
Malone, Florida


City & State
Malone, Florida

Zip
32445

Country
USA

Zip
32445

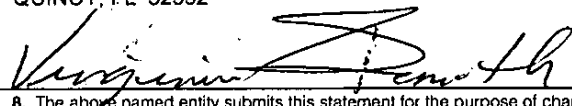
Country
USA



03092005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**SMITH, VIRGINIA M
 4550 MT. PLEASANT RD.
 QUINCY, FL 32352**




7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable)

City: _____ **FL** Zip Code _____

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  **Virginia M. Smith** **03-13-2005**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, VIRGINIA M	
STREET ADDRESS	4550 MT. PLEASANT RD.	
CITY-ST-ZIP	QUINCY, FL 32352	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, AROCK	
STREET ADDRESS	4550 MT. PLEASANT RD.	
CITY-ST-ZIP	QUINCY, FL 32352	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVEY, BRUCE	
STREET ADDRESS	138 GENE WILLIAMS RD.	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPSHAW, JERRY	
STREET ADDRESS	3338 VALLEY OAK DR.	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRONSON, ARLEATHA	
STREET ADDRESS	27 MIDWAY FORREST	
CITY-ST-ZIP	MIDWAY, FL 32343	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, JAMES	
STREET ADDRESS	3338 VALLEY OAK DR.	
CITY-ST-ZIP	MARIANNA, FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bronson, Arleatha	
STREET ADDRESS	1830 Hartsfield Road	
CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:  **Virginia M. Smith** **03-13-2005** **850-856-9056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #