


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000003784</b> 1. Entity Name <b>FAITH CORNERSTONE CHURCH MINISTRY, INC.</b>	
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FILED  
 07 APR 30 AM 10: 32  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

( N03000003784N )

Principal Place of Business 5460 COLLINS CHAPEL ROAD MALONE, FL 32445	Mailing Address P. O. BOX 518 MALONE, FL 32445
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04282007	Chg-NP	CR2E037 (12/06)
4. FEI Number 02-0647024		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

City & State  Zip Country	City & State  Zip Country
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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 <span style="float: right;">FL</span> Zip Code
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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.

700101627107  
 05/07/07--01002--016 \*\*70.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, VIRGINIA M 4550 MT. PLEASANT RD. QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Officer Virginia Smith 878 Arlington Circle Quincy, FL 32351
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VD SMITH, AROCK 4550 MT. PLEASANT RD. QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Officer Aaron Cloud 4550 Mt. Pleasant Rd. Quincy, FL 32352
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D IVEY, BRUCE 138 GENE WILLIAMS RD. QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/Treasurer Ugreenal Ivey 138 Gene Williams Rd Quincy, FL 32351
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D UPSHAW, JERRY 3338 VALLEY OAK DR. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Officer Wendy Miley 5270 10th Street Malone, FL 32445
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SD BRONSON, ARLEATHA 1830 HARTSFIELD ROAD TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D ANDREWS, JAMES 3338 VALLEY OAK DR. MARIANNA, FL 32446	<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 exemptions contained 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 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: Bruce A. Ivey 4/07/07 850-875-4871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #