2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2015
Secretary of State
CC8740824584

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Entity Name: BY FAITH EXPERIENCE MINISTRIES CORPORATION

Current Principal Place of Business:

3217 PLATEAU ST
JACKSONVILLE, FL 32206

Current Mailing Address:

3217 PLATEAU ST
JACKSONVILLE, FL 32206

FEI Number: 59-3666438

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLEMAN, DORETHA
3313 PHYLLIS STREET
JACKSONVILLE, FL 32205 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	MC GRIFF, CHARLES L
Address	3217 PLATEAU ST.
City-State-Zip:	JACKSONVILLE FL 32206

Title	SD
Name	MCGRIFF, REBECCA
Address	3217 PLATEAU ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	TD
Name	COLEMAN, LEROY
Address	3313 PHILLIS ST.
City-State-Zip:	JACKSONVILLE FL 32205

Title	VD
Name	COLEMAN, DORETHA
Address	3313 PHYLLIS STREET
City-State-Zip:	JACKSONVILLE FL 32205

Title	D
Name	MCGRIFF, LORRAINE
Address	3217 PLATEAU STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	D
Name	LANCASTER, LOLA
Address	1689 ROWE AVE.
City-State-Zip:	JACKSONVILLE FL 32205

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: CHARLES L. MCGRIFF PRESIDENT 04/14/2015

Electronic Signature of Signing Officer/Director Detail — Date