

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008290

FILED
Jan 20, 2014
Secretary of State
CC1138929343

Entity Name: FAITH MISSION OF DESOTO COUNTY INC.

Current Principal Place of Business:

1109 S.E. NINTH AVE.
ARCADIA, FL 34266

Current Mailing Address:

P.O. BOX 184
ARCADIA, FL 34265

FEI Number: 27-0791465

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOWARD, CAROLYN
2452 NW HOWARD AVE
ARCADIA, FL 34266 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 S
Name DAVIS, ANNA B
Address 7119 SW GROVE DR
City-State-Zip: ARCADIA FL 34266

Title T
Name HOWARD, CAROLYN
Address 2452 NW HOWARD AVE
City-State-Zip: ARCADIA FL 34266

Title TRUS
Name HOWARD, JULIAN D
Address 2452 NW HOWARD AVENUE
City-State-Zip: ARCADIA FL 34266

Title CH
Name FAIRCLOTH, EMMETT
Address PO BOX 184
City-State-Zip: ARCAIDA FL 34265

Title VCH
Name HOWARD, FRANK
Address PO BOX 184
City-State-Zip: ARCADIA FL 34265

Title TRUS
Name TURNER, CARL
Address 612 WEST WHIDDEN AVE
City-State-Zip: ARCADIA FL 34266

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: CAROLYN HOWARD

TREASURE

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date