

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 047 ****61.25

DOCUMENT # N00000003720	
1. Entity Name FAITH BIBLE CHURCH INC.	

Principal Place of Business FIVE CHURCHES ROAD SANDERSON FL 32087	Mailing Address PO BOX 104 SANDERSON FL 32087
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3640359		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, VIDELL 14203 GASKINS CIRCLE SANDERSON FL 32087		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, ROBERT J JR 22375 CASON RD SANDERSON FL 32087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Leroy Jr. 1216 E. Monroe Street Lake City, FL 32025 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, PHILLIP 14203 GASKIN CIR SANDERSON FL 32087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Vern 524 S. Blvd. Macclenny, FL 32063 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VIDELL 14203 GASKIN CIR. SANDERSON FL 32087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSA ANNETTE 241 MICHIGAN AVE MACCLENNY FL 32063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, WILLIAM JR. 7386 BENNIE GREENS CT. SANDERSON FL 32087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARVA J 14203 GASKINS CIR. SANDERSON FL 32087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Mary L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 904-275-2770
Date Daytime Phone #