


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004905 1. Entity Name FAITHFUL & TRUE MINISTRIES, INC.			
Principal Place of Business 2729 S. R. 50 MASCOTTE FL 34753		Mailing Address PO B O X 398 GROVELAND FL 34736	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-3732551		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT FL 34711		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 re-registering) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HAIL, LINDA G 11250 BUCKHILL LANE CLERMONT FL 34715	<input type="checkbox"/> Delete	
TITLE	D EBERHARDT, TRACY 10081 CLARCONA OCOEE RD APOPKA FL 32703	<input type="checkbox"/> Delete	
TITLE	DV HALL, SHELLY 11250 BUCKHILL LANE CLERMONT FL 34711	<input type="checkbox"/> Delete	
TITLE	T HOWELL, RUTHIE 1021 FLORIDA AVENUE CLERMONT FL 34711	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	



1st MOORE CR2E037 (10/05)

02/06/06-80026-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda Hall - LINDA HALL 1-24-06 352223-0934