

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P03292

1. Entity Name
FAITH FELLOWSHIP MINISTRIES, INC.



Principal Place of Business
**9116 CYPRESS GREEN DR
STE 101
JACKSONVILLE, FL 32256**

Mailing Address
**9116 CYPRESS GREEN DR
STE 101
JACKSONVILLE, FL 32256**



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1484041

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, DRUCILLA L
4915 NATURE'S HOLLOW WAY NORTH
JACKSONVILLE, FL 32217**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000139007
04/29/04-80105-001 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, DRUCILLA L
STREET ADDRESS 4915 NATURE'S HOLLOW WAY NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VD
NAME ROBBINS, PAULA
STREET ADDRESS 2111 BIRCH BARK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE STD
NAME RAGSDALE, CAROL
STREET ADDRESS 157 BURNSIDE ST APT A
CITY-ST-ZIP JONESBORO, GA 30236

TITLE D
NAME WILTON C. SANDERS, ATTY.
STREET ADDRESS 6100 LAKE FORREST DRIVE N.W.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Drucilla L. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drucilla L. Graham 4/25/04 (904) 289-4403
Date Daytime Phone #