



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 036 ****70.00

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		
2. Principal Place of Business P.O. Box 16426 6961 Solomon Rd Jacksonville, Florida		3. Mailing Address P.O. Box 16426 Jacksonville, Florida		50046665 	
Suite, Apt. #, etc. 6961 Solomon Rd		Suite, Apt. #, etc. 6961 Solomon Rd		04282005 Chg-NP CR2E037 (10/03)	
City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 58-1484041	
Zip 32245		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 6961 Solomon Road City Jacksonville State FL Zip Code 32234		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005.		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, DRUCILLA L 4915 NATURE'S HOLLOW WAY NORTH JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6961 Solomon Road Jacksonville, Florida 32234		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBINS, PAULA 2111 BIRCH BARK DR. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAGSDALE, CAROL 157 BURNSIDE ST APT A JONESBORO, GA 30236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILTON C. SANDERS, ATTY. 6100 LAKE FORREST DRIVE N.W. ATLANTA, GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Drucilla L. Graham</u> DRUCILLA L. GRAHAM 4/27/05 (904) 289-4463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					