

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03292

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FAITH FELLOWSHIP MINISTRIES, INC.

## Current Principal Place of Business:

6015 EAST MORROW STREET  
115  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

9770 BAYMEADOWS ROAD  
139  
JACKSONVILLE, FL 32256

## Current Mailing Address:

PO BOX 16426  
JACKSONVILLE, FL 32245

## New Mailing Address:

FEI Number: 58-1484041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAHAM, DRUCILLA L  
6961 SOLOMON RD  
JACKSONVILLE, FL 32234      US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: GRAHAM, DRUCILLA L  
Address: 6961 SOLOMON RD  
City-St-Zip: JACKSONVILLE, FL 32234

Title: VD      ( ) Delete  
Name: ROBBINS, PAULA,  
Address: 2111 BIRCH BARK DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD      ( ) Delete  
Name: RAGSDALE, CAROL,  
Address: 157 BURNSIDE ST APT A  
City-St-Zip: JONESBORO, GA 30236

Title: D      ( ) Delete  
Name: WILTON C. SANDERS, A, TTY.  
Address: 6100 LAKE FORREST DRIVE N.W.  
City-St-Zip: ATLANTA, GA 30328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DRUCILLA L. GRAHAM

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date