

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03292

**Entity Name:** FAITH FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

3390 KORI ROAD  
4A  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3390 KORI ROAD  
4A  
JACKSONVILLE, FL 32257

**FEI Number:** 58-1484041

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name GRAHAM, DRUCILLA L  
Address 6961 SOLOMON RD  
City-State-Zip: JACKSONVILLE FL 32234

Title VSTD  
Name ROBBINS, PAULA G  
Address 2111 BIRCH BARK DR.  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name OLIVAREZ, REBECCA  
Address 12207 CAPTIVA BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name MCLAUGHLIN, KAREN D  
Address 8793 LONESOME PINE TRAIL  
City-State-Zip: FORT PIERCE FL 34945

*I hereby 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 all other like empowered.*

**SIGNATURE:** DRUCILLA L.GRAHAM

**DIRECTOR**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date