FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 706311**

1. Corporation Name

FAITH CHURCH OF DADE, INC.

Principal Place of Business 9864 NW 5TH CT DI AMPATIONI EL 33334

Mailing Address

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90004 009 *****8.75 05-14-1999 90004 010 ****61.25

9864 NW 5TH CT 9864 NW 5TH CT PLANTATION FL 33324 PLANTATION FL 33324						
2. Principal Place of Business 2a. Malling Address 2b. 1/089 N.W.			V90	3. Date Incorporated or Qualifed 10/21/1963		
21 // C 0 / // W 7 (X)		Scrite, Apt. #, etc.		4. FEI Number	Applied For	
22 (ILITATION		27 (YLANTAT/ON		59-1695709	Not Applicable	
City & State	9	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
24 333 24 25 BR WIRD 29 33324 3			30 BXVWAPI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent	
			81 Name	PAUL ALRESI	1/2.	
ALESSI, PAUL JR 9864 NW 5TH COURT			82 Street Ad	11089 N.W. 9COURT		
PLANTATION 33324				TATION E		
:			84 City	F	L 85 Zip Code 333324	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE AUL LUSA 1. 140/ ALESSI TR 4/38/99						
SIGNATURE	Signature typed or prigted name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requi			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	SD '	☐ DELETE	1.1 VITLE			
NAME	ALESSI, MARK P		1.2 NAME			
STREET ADDRESS	151 S.W. 134 WAY #201 N.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
	TD DUNCAN: MAÑANDA	La becare	2.2 NAME			
NAME STREET ADDRESS	Duncan, Wanda 18510 NW 84 AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	ALESSI, PAUL, JR		3.2 NAME	my and		
STREET ADDRESS	9864 NW 5TH COURT		3.3 STREET ADDRESS	11089 11.00. 908		
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP	PLANTATION FL	<u> 33324</u>	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	ALESSI, JOHN		4. 2 NAME			
STREET ADDRESS	10304 SW 87TH COURT		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELET E	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE		□ cuange □ Audition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, proming a statement with an address, with all other like empowered.

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